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Attitude of Treating Psychiatrist Towards Personality Disorder

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ABSTRACT

Background: Worldwide mental health professionals have negative attitude towards personality disorder. Aim of this study was to assess the attitudes toward personality disorder among Nepalese psychiatrists.

Methods: A cross-sectional survey study was done. Survey questionnaire was developed which consisted of 10 questions to explore the feeling and views regarding personality disorder. It was distributed via e-mail to 80 registered psychiatrist who were randomly selected and responses were analyzed.

Results: Results showed only 50% of psychiatrist assessed for personality disorders whereas only 55.6% diagnosed it. Cluster 'B' personality disorders were most commonly diagnosed personality disorder, 36.1% felt helpless for those patients, 75% felt overall treatment for personality disorder was very difficult and 50% reported they were not competent to care for personality disorder patients.

Conclusions: Nepalese psychiatrists were not optimistic towards personality disorder in terms of its recognition, diagnosis and its overall management. Thus, future researches are needed to explore such attitudes in depth in same population.

Keywords: Attitude; personality disorder; psychiatrist.

INTRODUCTION

Personality disorders (PD) are complex psychiatric syndromes. Controversies in its assessment, diagnosis, its peculiar clinical pictures and treatment difficulties have given rise to this complexity. Consequently, not only public but various health professionals have negative attitudes towards this disorder.[1-3] Lewis and Appleby stated even psychiatrist have misunderstood this phenomena.[4]

Personality disorders lack precise symptomatic criteria. Their deviant thinking pattern, emotion, and behavior bring out cynical feeling.[5] They are not treatable by familiar pharmacological agents.[6] Psychotherapy has good evidence, but, treatment non adherence is common.[7] These characteristics elicit strong negative feelings in physicians and complicate the diagnosis.[8]

To our knowledge till date in our country, study on mental health professionals' attitude toward PD has not been done. Therefore, the objective of this study was to identify existing views of Nepalese psychiatrists towards PDs. This study is important because its findings would provide us psychiatrists' understanding regarding the disorder and it can serve as baseline information for further studies in the same field.

METHODS

A cross sectional survey study was done. Sample was drawn from registered psychiatrist working across the country listed in Psychiatrist Association of Nepal (PAN). A sample of 80 psychiatrist was chosen by simple random technique. This was sufficient number of respondents when margin of error was kept 5% and confidence level was put 95% for around 100 psychiatrists during the time of study.

A brief self-reporting questionnaire was made. It included 10 simple questions related with practice and feelings towards personality disorders. The face validity of the questionnaire was established by the expert on the research subject. It specifically asked 1.How long have you been practicing psychiatry? 2. How often do you asses for PD's? 3. How often do you make diagnosis of PD's? 4. Which group of personality disorders you have commonly diagnosed? 5. Do you consider personality disorders are more seen in western cultures than ours? 6. What would be your honest feeling towards people with cluster B personality disorder? 7. Evidence support primary or

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core treatment for most of the personality disorder is psychotherapy than pharmacology. 8. How competent do you feel professionally to care for personality disorder patients? 9. What do you consider the overall care and treatment of PD's? 10. If you had a choice, would you prefer to avoid caring for personality disorder patients? The questions are typical closed ended with mixture of dichotomous, multiple choice and likert scale questions.

The questionnaire was distributed to psychiatrist via an e-mail which was obtained from PAN list. Responses were waited till 1 month after which responses were not analyzed. Data was analyzed using Standard Statistical Package (SPSS) version 18.Categorical data were analyzed for significance by Chi-square test. The p value of <0.05 was considered to be significant.

RESULTS

Table 1. No.of participants.

No. of survey sent	No. of responders or participants	% of participants
80	36	45

Table 2.Characteristics of participants.

	Characteristics	Frequency in no.	%
Gender	F	10	22.8%
	M	26	72.2%
Years Of Practice	<10 years	24	66.7%
	10-20 years	9	25%
	>20 years	3	8.3%
Primary employment setting	Academic	22	61.1%
	Private practice	14	38.9%

Table 3.Early responders Vs Late responders.

		Early responder	Late responder	P value
Gender	F	4	2	0.197
	M	6	8	
Years of practice	<10	6	8	0.435
	10-20	1	2	
	>20	3	0	
Primary employment setting	academic	7	4	0.778
	clinical	3	6	

Table 4. Responses.

SN	Question	Answer	% of responses
1	How often do you assess for Personality disorder ?	Always	5.6
		Very often	11.1
		Often	50.0
		Occasionally	27.8
		Seldom	5.6
		Never	0
2	How often do you make diagnosis of Personality disorder?	Always	2.8
		Very often	8.3
		Often	25
		Occasionally	55.6
		Seldom	8.3
		Never	0
3	Which group of personality disorders have you commonly diagnosed?	Cluster A	2.8
		Cluster B	88.9
		Cluster C	8.3
4	Do you consider Personality disorders are seen more in western culture than ours?	Strongly agree	0
		Agree	19.4
		Neither	19.4
		Disagree	50.0
		Strongly dis agree	11.1
5	What would be your honest feeling toward people with cluster B personality disorder?	Feel angry	5.6
		Feel manipulated	33.3
		Feel affectionate	22.2
		Feel excited	2.8
		Feel helpless	36.1
6	Evidence support primary or core treatment for most of the Personality Disorders is Psychotherapy than pharmacology	Strongly Agree	11.1
		agree	58.3
		Neither	8.3
		Disagree	22.2
		Strongly disagree	0
7	How competent do you feel professionally to care for personality disordered patient?	Highly competent	5.6
		competent	8.3
		Averagely competent	33.3
		Not competent	50.0
		Not at all competent	2.8

8	What do you consider the overall care and treatment of Personality disorder?	Free from difficulty	0
		Mildly difficult	0
		Moderately difficult	25
		Very difficult	75
		Extremely difficult	0
9	If you had a choice would you prefer to avoid caring for Personality Disordered patients?	No	66.7
		Yes	33.3

Completed surveys were received from 36(45%) psychiatrists, as shown in Table 1. Table 2 shows characteristic of participants. 72% were males and 22.8% were females. Majority (66.7%) of them had been practicing psychiatry for less than 10 years. Among them majority of psychiatrist (61.1%) were employed in academic setting.

To evaluate representativeness of our sample, we compared with statistics the general characteristics of early responders with late responders which are shown in Table3.We found that early responders were virtually identical with late responders in terms of gender, years of practice and setting of practice.

Table 4 summarizes psychiatrist practice and feelings towards personality disorders. Around half (50%) of the Psychiatrist reported they often assessed for personality disorders in clinical setting However, majority (55.6%) mentioned that personality disorder was diagnosed occasionally only. Among the PDs, maximum numbers of respondents (88.9%) were found to diagnose Cluster 'B' PDs. Half of the respondents (50%) disagreed that PDs were more seen in Western Cultures compared to ours. Majority of psychiatrist felt helpless when encountered PD patients. Regarding treatment more than half of them agreed on psychotherapy being the choice of treatment. Half of them rated that they were not competent enough to care for such PD patients. Similarly maximum participants reported overall care and treatment of these patients to be very difficult. However, majority of psychiatrist reported they would not avoid caring for PD patients even though they had choice.

We even explored the relation between years of practice, gender and setting of employment of psychiatrist with the responses. Only gender was statistically significant with two items: "What would be your honest feeling towards people with cluster B personality disorder?" (P<0.05) and "Evidence support primary or core treatment for most of the personality disorder is psychotherapy than pharmacology" (P<0.05).

DISCUSSION

The present study suggests that practicing Nepalese psychiatrist have similar perceptions and feelings towards personality disorder as the other mental health clinicians worldwide.[2] Among half of the psychiatrist who had been routinely assessing for PDs, majority confided they occasionally made PD diagnosis. This finding supports the assumption that psychiatrists are probably reluctant to make PD diagnosis.[6]

Commonly diagnosed PDs were Cluster 'B' personality disorders. Cluster 'B' personality disorders are characterized by dramatic, overly emotional or unpredictable thinking or behavior. This finding was consistent with epidemiological study where Cluster 'B' PD was most common PD in clinical setting.[9] Probably the externalizing features were to be blamed.

There was notion previously whether personality disorders were western entity. Lately, personality disorders are considered to be a world-wide phenomenon.[10] Therefore, disagreement of half of the psychiatrist to the view that PDs are seen in Western culture, suggest their experience of PDs in Nepali clinical settings too.

Majority of psychiatrist reported feeling helpless when encountered PD patients. Particular frustrating response could be because most common diagnosis was Cluster 'B' PD. Half of the psychiatrist here in rated they were not competent to provide them care. Even if they provided their view was that treatment would be difficult. These findings were congruent with the other studies in the literature. However, majority of clinicians reported they would not avoid such cases. It was an interesting finding. It might indicate that psychiatrist's education and clinical experience have cognitively balanced their attitudes or they must have adhered to code of ethics.[3,11]

There were no significant difference between years of practice and setting of employment with responses. Even though previous finding have stated more the experience in the field or employment either in institution or emergency department less the negative perceptions.[1]This might suggest that all clinicians across various clinical experiences either through years of practice or setting of employment appear to be equivalent in their attitudinal ratings.

Gender of practicing clinician and two items in the questionnaire had statistically significant result. Majority of male psychiatrist had positive affection towards PD patients but female psychiatrist had negative affection. This finding was unlike the other study where female clinicians were found tohave positive attitudes.[5] A possible reason for this inconsistency could be the small sample size and perhaps the responses of a larger, more heterogeneous sample would be more consistent with other findings.

Similarly, most of the male psychiatrist reported disagreement or were neutral regarding the evidence that psychotherapy was core treatment for PD but female clinicians were the ones to totally agree with this evidence. Either the finding is because of sampling issues or may show avoidance by the female clinicians as they already had pessimistic view. In our part of the world for specific psychological treatments, like those needed for PD patients, they are referred to clinical psychologists. Hereby could be showing the avoidance.

This study has several limitations though. The responses received were less. Though generalizability was calculated by statistically analyzing early responders and late responders; still it is possible that the attitudes of the non-responders could have been different. The psychometric property of the questionnaire used was not tested. It was used only in terms of having face validity. Therefore the responses received are questionable. Finally, questions enclosed personality disorders in total; it was not differentiated into subtypes which plausibly could have different attitudes.

CONCLUSIONS

Thus, our finding highlights the existence of pessimistic views among the many Nepalese psychiatrists towards personality disorders. They were reluctant to label the patient with PD diagnosis. They were not comfortable with the overall management and experienced helplessness when faced them.

This study offers the preliminary evidence that negative attitude exist among our psychiatrist. Hence, we recommend future research to be focused on extensive evaluation of such attitudes as well as on measures to reduce these pessimistic views.

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