

IS THERE A CASE FOR THE INTENSIVE CARE OF PATIENTS WITH PERSONALITY DISORDER?

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.. Yes, sometimes.....

Recognise this scenario?

- 21 yr old Caucasian man, Mr PD
- Escalating crisis admission, now detained
- Offending hx, substance misuse but greater institutional problems
- Threats to self & others on open wards

Scenario continued

- .. Complains of 'voices' & paranoia but main issues are
 - ⌘ Impulsivity, emotional dysregulation (borderline PD)
 - ⌘ Anti-authoritarian attitudes, difficult to supervise eg drugs (antisocial PD)
 - ⌘ Unconvincing psychotic symptoms
 - ⌘ Affecting ward milieu
- .. PICU referral/admission (late on a Friday afternoon.....)





*National Institute for
Mental Health in England*

Personality disorder: No longer a diagnosis of exclusion

Policy implementation guidance for the development of
services for people with personality disorder

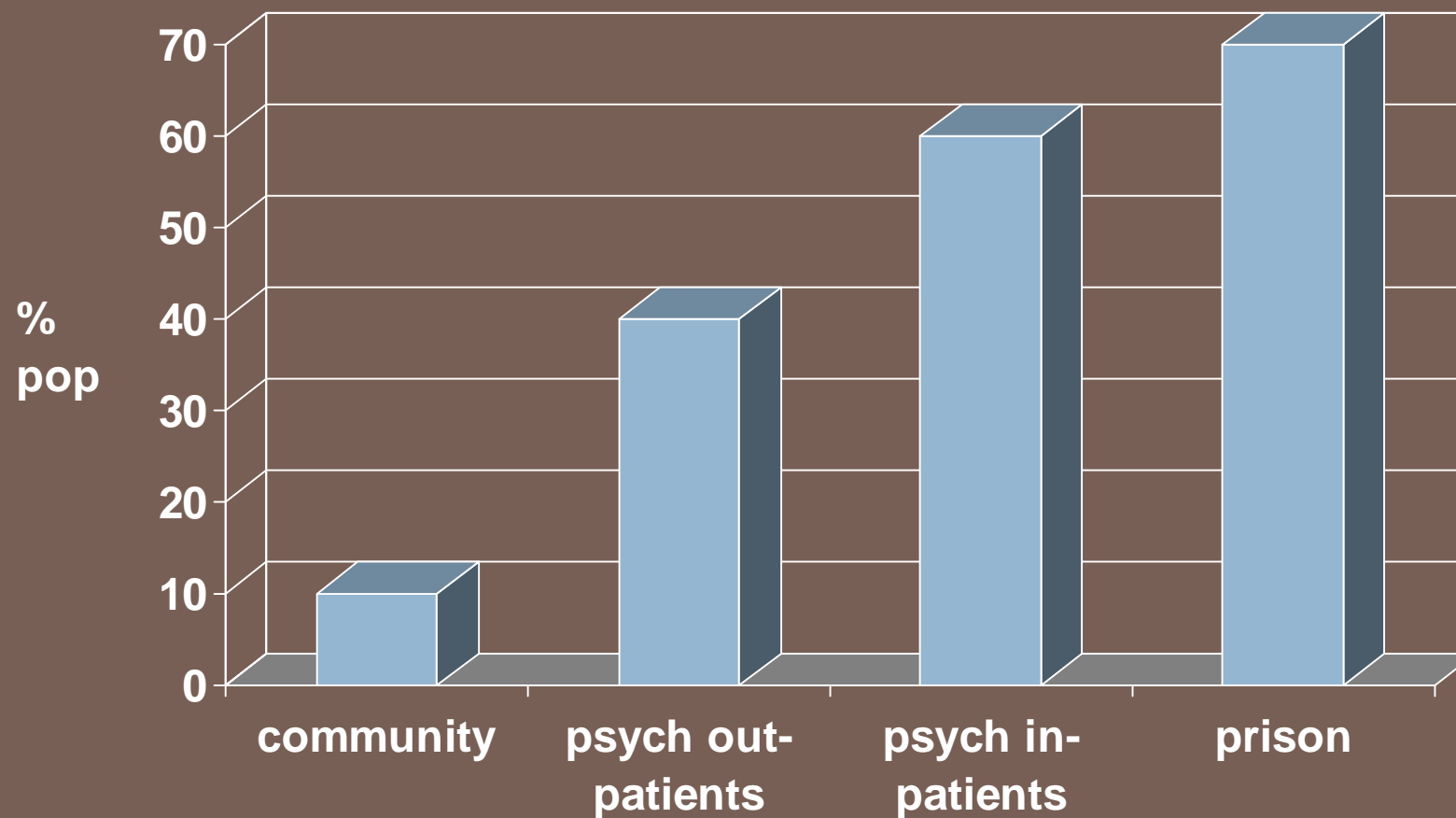


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www.nimhe.org.uk

Most PICUs

- Rarely knowingly admit PD patients
 - ⊗ Yet PD co-morbidity high

How common?: prevalence of PD



Most PICUs

- Rarely knowingly admit PD patients
 - ⌘ Yet PD co-morbidity high
- Don't believe they are set up to manage PD patients
- May have (unofficial) exclusion criteria to prevent (longer-term) admission of PD patients

Research data on PD in PICU

- Not much
- Bowers et al (2008) *Int Journal of Social Psychiatry*
 - ✧ Lit review, 50 papers
- Kasmi (2007) *Ir J Psych Med*
 - ✧ Review of PICU literature, no mention of PD
- Dolan & Lawson (2001) *Psych Bulletin*
 - ✧ PICU in MSU
 - ✧ 7% PICU admissions had primary PD, 24% secondary PD
- Beer et al (2001) *Psychiatric Intensive Care*
- National Minimum Standards for PICUs (DoH, 2002)
 - ✧ Exclusion criteria but not including PD

PD IC: Bespoke or off the peg?



Models of 'Intensive' Care for PD: Rampton Experience

Generic IC

- Derwent ward
- <5% 'pure' PD patients

PD service CBU

- Dickens ward
- 'in house' PD service

DSPD special care

- Brecon ward
- 'pure' PD, most difficult

Characteristics of PD IC management

- 'cold' (ie not rapid) assessment

DSPD rapid response service?

D.S.P.D.



Characteristics of PD IC management

- 'cold' assessment
- multi-disciplinary assessment (not just nursing)
- specific training & supervision
- admissions for weeks, not days
- clear, consistent & comprehensive philosophy

PD PICU assessment issues

- .. Co-morbidity

- ✧ Axis 1: anxiety, mania, psychosis, obsessionality
- ✧ Axis 2: DSM cluster A & C PDs
 - n paranoid, avoidant & dependent

- .. Formulation

- ✧ Why, why now?

- .. What's the plan?

Have a plan

“If you don’t know
where you’re going,
you won’t know
how to get there”

Mark Twain

PD PICU assessment issues

.. Co-morbidity

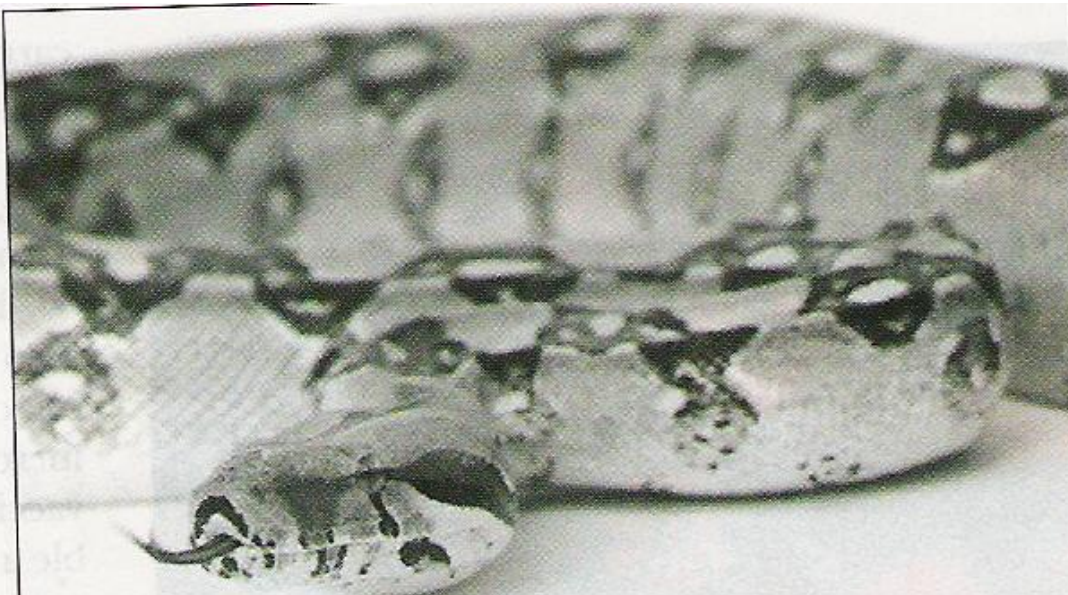
- ⌘ Axis 1: anxiety, mania, psychosis, obsessionality
- ⌘ Axis 2: cluster A & C PDs
 - n paranoid, avoidant & dependent

.. Formulation

- ⌘ Why, why now
- ⌘ Respite?

.. The plan:

- ⌘ Exit strategy, what's changed on the host ward



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a snake sheds its skin...
It's still a snake.**

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Looking after staff

- .. Supervision

- ⌘ Higher level of supervision required?

- n May be specific (PD) training issues

- ⌘ Avoiding therapeutic nihilism

- .. Promote positive (psychology) approach

- ⌘ RAID (Reinforce Appropriate, Implode Destructive)

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Clinical Psychologist



Mr PD, possible management

- .. Brief 'crisis' admission recommended
- .. Start exit plan
 - ⌘ preparing the host ward
 - ⌘ factors in the ward environment
- .. Awareness of underlying PD issues
- .. Likely benefits of de-stimulating environment
 - ⌘ predictable, boundaried, fewer illicit drugs
- .. Medication no longer sanctioned by NICE (but is used)

Summary

- Most generic PICU patients will have (co-morbid) PD
- PICUs provide clear, consistent and comprehensive (boundaried) environment
 - ⌘ ie theoretically perfect for PD management
- Avoid therapeutic nihilism
- 'Crisis' admissions ie exit strategy