

Rx FOR SUCCESS

Personality Disorders

Personality disorders are estimated to occur in approximately 10% of the population. They frequently are associated with other psychiatric illness. There are 10 separate categories of personality disorders:

- ▶ Antisocial PD disregard for or violation of rights of others
- ▶ Borderline PD unstable relationships and self-image; impulsive
- Paranoid PD distrust and suspiciousness
- Schizoid PD detached; restricted range of emotions
- Schizotypical PD eccentric; perception distortions, difficulty with relationships
- ▶ Narcissistic PD grandiose; need for admiration
- ▶ Histrionic PD excessively emotional and attention seeking
- ▶ Dependent PD submissive; excessive need to be taken care of
- Obsessive /Compulsive PD preoccupation with control, orderliness, perfection
- ▶ Avoident PD social inhibition; overly sensitive

These disorders generally begin in childhood or adolescence and persist through adult life. When the personality trait/behavior is inflexible and causes functional impairment, it is considered to be a Personality Disorder. Schizoid PD and Schizotypical PD (not to be confused with Schizophrenia) have been shown to carry an increased suicide risk.

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Rx FOR SUCCESS PERSONALITY DISORDER

UNDERWRITING CONSIDERATIONS

SCHIZOID PD, SCHIZOTYPICAL PD, ANTISOCIAL PD		
Not associated with other psychiatric illness or substance abuse	Table B	
Others	Usually decline	
PARANOID PD, NARCISSISTIC PD, HISTRIONIC PD, DEPENDENT PD, OBSESSIVE/COMPULSIVE PD, AVOIDANT PD		

To get an idea of how a client with a history of Personality Disorders would be viewed in the underwriting process, use the Ask "Rx" pert Underwriter on the next page for an informal quote.

Rx FOR SUCCESS PERSONALITY DISORDER

Ask "Rx"pert Underwriter (Ask Our Expert)			
After reading the Rx for Success on Personality Disorders, use this Ask "Rx" pert Underwriter for an informal quote.			
Producer			
If your client has had Personality Disorders, please answer the following:			
1. Please note which type of personality disorder has been diagnosed and the date of diagnosis.			
□ Antisocial Date	□ Narcissitic□ Histrionic□ Dependent□ Obsessive/Compulsive□ Avoident	Date Date Date Date Date	
2. Is your client on any medications?			
☐ Yes. Please give details			
3. Has your client ever been hospitalized for a psychiatric illness?			
☐ Yes. Please give details			
4. Does you client have any of the following associated conditions? (Check all that apply.)			
Substance abuse (alcohol or drugs) If Yes, please give details Mood disorder (i.e., depression)		☐ Yes ☐ No	
If Yes, please give details Suicidal thought/attempt If Yes, please give details		☐ Yes ☐ No	
Other psychiatric disorder If Yes, please give details		☐ Yes ☐ No	
5. Has your client smoked cigarettes in the last 12	months?		
☐ Yes ☐ No			
6. Does your client have any other major health problems (e.g., cancer, etc.)?			
☐ Yes. Please give details			