

Differential Diagnosis

The diagnosis of **Antisocial Personality Disorder** is not given to individuals under age 18 years and is given only if there is a history of some symptoms of **Conduct Disorder** before age 15 years. For individuals over age 18 years, a diagnosis of **Conduct Disorder** is given only if the criteria for **Antisocial Personality Disorder** are not met.

When **antisocial** behavior in an adult is associated with a **Substance-Related Disorder**, the diagnosis of **Antisocial Personality Disorder** is not made unless the signs of **Antisocial Personality Disorder** were also present in childhood and have continued into adulthood. When substance use and **antisocial** behavior both began in childhood and continued into adulthood, both a **Substance-Related Disorder** and **Antisocial Personality Disorder** should be diagnosed if the criteria for both are met, even though some **antisocial** acts may be a consequence of the **Substance-Related Disorder** (e.g., illegal selling of drugs or thefts to obtain money for drugs). **Antisocial** behavior that occurs exclusively during the course of **Schizophrenia** or a **Manic Episode** should not be diagnosed as **Antisocial Personality Disorder**.

Other **Personality Disorders** may be confused with **Antisocial Personality Disorder** because they have certain features in common. It is, therefore, important to distinguish among these disorders based on differences in their characteristic features. However, if an individual has **personality** features that meet criteria for one or more **Personality Disorders** in addition to **Antisocial Personality Disorder**, all can be diagnosed. Individuals with **Antisocial Personality Disorder** and **Narcissistic Personality Disorder** share a tendency to be tough-minded, glib, superficial, exploitative, and unempathic. However, **Narcissistic Personality Disorder** does not include characteristics of impulsivity, aggression, and deceit. In addition, individuals with **Antisocial Personality Disorder** may not be as needy of the admiration and envy of others, and persons with **Narcissistic Personality Disorder** usually lack the history of **Conduct Disorder** in childhood or criminal behavior in adulthood. Individuals with **Antisocial Personality Disorder** and **Histrionic Personality Disorder** share a tendency to be impulsive, superficial, excitement seeking, reckless, seductive, and manipulative, but persons with **Histrionic Personality Disorder** tend to be more exaggerated in their emotions and do not characteristically engage in **antisocial** behaviors. Individuals with **Histrionic** and **Borderline Personality Disorders** are manipulative to gain nurturance, whereas those with **Antisocial Personality Disorder** are manipulative to gain profit, power, or some other material gratification. Individuals with **Antisocial Personality Disorder** tend to be less emotionally unstable and more aggressive than those with **Borderline Personality Disorder**. Although **antisocial** behavior may be present in some individuals with **Paranoid Personality Disorder**, it is not usually motivated by a desire for personal gain or to exploit others as in **Antisocial Personality Disorder**, but rather is more often due to a desire for revenge.

Antisocial Personality Disorder must be distinguished from criminal behavior undertaken for gain that is not accompanied by the **personality** features characteristic of this **disorder**. **Adult Antisocial Behavior** (listed in the "Other Conditions That May Be a Focus of Clinical Attention" section, p. 740) can be used to describe criminal, aggressive, or other **antisocial** behavior that comes to clinical attention but that does not meet the full criteria for **Antisocial Personality Disorder**. Only when **antisocial** personality traits are inflexible, maladaptive, and persistent and cause significant func-

tional impairment or subjective distress do they constitute **Antisocial Personality Disorder**.

Diagnostic criteria for 301.7 Antisocial Personality Disorder

- A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:
 - (1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
 - (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
 - (3) impulsivity or failure to plan ahead
 - (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults
 - (5) reckless disregard for safety of self or others
 - (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
 - (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another
 - B. The individual is at least age 18 years.
 - C. There is evidence of **Conduct Disorder** (see p. 98) with onset before age 15 years.
 - D. The occurrence of **antisocial** behavior is not exclusively during the course of Schizophrenia or a Manic Episode.
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301.83 Borderline Personality Disorder

Diagnostic Features

The essential feature of **Borderline Personality Disorder** is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts.

Individuals with **Borderline Personality Disorder** make frantic efforts to avoid real or imagined abandonment (Criterion 1). The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, affect, cognition, and behavior. These individuals are very sensitive to environmental circumstances. They experience intense abandonment fears and inappropriate anger even when faced with a realistic time-limited separation or when there are unavoidable changes in plans (e.g., sudden despair in reaction to a clinician's announcing the end of the hour; panic or fury when someone important to them is just a few minutes late or must cancel an appointment). They may believe that this "abandonment" implies they are "bad." These abandonment fears are related to an intolerance of being alone and a need to have other people with them. Their frantic efforts to avoid abandonment may include impulsive actions such as self-mutilating or suicidal behaviors, which are described separately in Criterion 5.