marked by extreme discomfort in close relationships, very odd forms of thinking and behavior, and behavioral eccentricities. People with these three kinds of disorders usually are resistant to treatment, and treatment gains tend to be modest at best.

“DRAMATIC” PERSONALITY DISORDERS Four of the DSM-5 personality disorders are marked by highly dramatic, emotional, or erratic symptoms. People with antisocial personality disorder display a pattern of disregard for and violation of the rights of others. No known treatment is notably effective. People with borderline personality disorder display a pattern of instability in interpersonal relationships, self-image, and mood, along with extreme impulsivity. Treatment—particularly dialectical behavior therapy—apparently can be helpful and lead to some improvement. People with histrionic personality disorder display a pattern of extreme emotionality and attention seeking. Clinical case reports suggest that treatment is helpful on occasion. Finally, people with narcissistic personality disorder display a pattern of grandiosity, need for admiration, and lack of empathy. It is one of the most difficult disorders to treat.

“ANXIOUS” PERSONALITY DISORDERS Three of the DSM-5 personality disorders are marked by anxious and fearful behavior. People with avoidant personality disorder are consistently uncomfortable and restrained in social situations, overwhelmed by feelings of inadequacy, and extremely sensitive to negative evaluation. People with dependent personality disorder have a persistent need to be taken care of, are submissive and clinging, and fear separation. Individuals with obsessive-compulsive personality disorder are so focused on order, perfection, and control that they lack flexibility, openness, and efficiency. A variety of treatment strategies have been used for people with these disorders and have been modestly to moderately helpful.

ARE THERE BETTER WAYS TO CLASSIFY PERSONALITY DISORDERS? The personality disorders listed in DSM-5 are commonly misdiagnosed, an indication of serious problems in the validity and reliability of the categories. Given the significant problems posed by this categorical approach, a number of today’s theorists believe that personality disorders should instead be described and classified by a dimensional approach. One such approach, the “Big Five” model, may be included in the next edition of the World Health Organization’s International Classification of Diseases. Another dimensional approach, the “personality disorder trait specified” model, is under study for possible inclusion in a future revision of DSM-5.

Chapter 15: Disorders of Aging & Cognition

DISORDERS OF LATER LIFE The problems of elderly people are often linked to the losses and other stresses and changes that accompany advancing age. As many as half of the elderly would benefit from mental health services, yet fewer than 20 percent receive them. Depression is a common mental health problem among this age group. Older people may also suffer from anxiety disorders. Between 4 and 7 percent exhibit alcohol-related disorders in any given year,