In Reference to "When Personality Is the Problem: Managing Patients With Difficult Personalities on the Acute Care Unit"

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In the article by Riddle et al,[1] the authors state that in the example of Cluster A type personality disorder, the elderly male patient's paranoid disorder should be ignored, rather than confronting the paranoia. We do not need to confront the paranoia, but we need to treat the paranoid disorder. The symptom of paranoia extends beyond the single diagnostic category of delusional disorder and has been noted in many elderly patients with other underlying disorders.[2] This patient needs early psychiatric consultation and therapy.

They also give recommendations regarding Ms. B for her ever-increasing need of opiates. I find it too naïve for me to offer this patient "…choices, such as walking with her around the unit or listen to the music." This patient needs pain physician consultations and aggressive interventional pain control.[3]

References

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The Authors Reply, "When Personality Is the Problem: Managing Patients With Difficult Personalities on the Acute Care Unit"

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Thank you for the opportunity to reply to Dr. Hunasikatti's comments regarding our article.[1] He brings up some excellent points and we appreciate the opportunity to clarify.

With regards to our example of Cluster A personality, the elderly individual with paranoia, we agree that the differential must include delirium and dementia and an appropriate work-up completed. The intent of the vignette was to illustrate a functional but eccentric individual with paranoid beliefs. The paranoia associated with paranoid personality disorder is classically not responsive to medications—nor are patients typically amenable to such treatment—and behavioral interventions remain paramount, minimizing the negative impact of paranoia on the individual's care.[2,3]

Regarding Ms. B, the vignette stated that the pain service was consulted, as Dr. Hunasikatti suggested it should be, but despite aggressive pain control, requests for opiates continued. We agree that appropriate pain management is critical in management of all patients, and pain can exacerbate behavioral issues when insufficiently treated. However, individuals who look to external sources of comfort may continue to request pain medications beyond what is clinically prudent and can benefit from learning additional skills to self-soothe and manage the psychological aspects of pain.[4,5]

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