

PERSONALITY DISORDERS

Background

This case definition was developed by the Armed Forces Health Surveillance Branch (AFHSB) for the purpose of descriptive epidemiological reports on mental disorders and mental health problems among active duty Service members.¹ The reports provide a comprehensive look at the status of mental health in the Services and provide in depth information on numbers, rates, and trends of personality disorders and other mental health diagnoses.

Clinical Description

Personality disorders are a group of personality types that manifest as enduring patterns of psychological experience and behavior that markedly affect an individual's ability to function individually and interpersonally with others in social and occupational settings. In general, the behavior patterns are inflexible and pervasive across a wide range of situations and have often been present in the individual since adolescence or early adulthood. Currently the Diagnostic and Statistical Manual of Mental Disorders lists ten personality disorders, grouped in three clusters: 1) odd or eccentric disorders which includes paranoid, schizoid, and schizotypal personality disorder; 2) dramatic, emotional or erratic disorders which include antisocial, borderline, histrionic, and narcissistic personality disorder; and 3) anxious or fearful disorders which include avoidant, dependent, and obsessive-compulsive personality disorder.²

Case Definition and Incidence Rules

For surveillance purposes, a case of a personality disorder is defined as:

- *One hospitalization* with a case defining diagnosis of a personality disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *Two outpatient medical encounters, within 180 days* of each other, with a case defining diagnosis of a personality disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *One outpatient medical encounters in a psychiatric or mental health care specialty setting*, defined by Medical Expense and Performance Reporting System (MEPRS) code BF, with a case defining diagnosis of a personality disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a case defining diagnosis of a personality disorder.

(continued on next page)

¹ Armed Forces Health Surveillance Branch. Mental health disorders and mental health problems, active component, U.S. Armed Forces, 2007-2016. *Medical Surveillance Monthly Report (MSMR)*. March 2018; Vol.25 (3): 2- 11.

² American Psychiatric Association. Adjustment Disorders. In: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Arlington, VA: 2013.



Case Definition and Incidence Rules *(continued)*

- An individual is considered an incident case *once per lifetime*.

Exclusions:

- None

Codes

The following ICD9 and ICD10 codes are included in the case definition:

Condition	ICD-10-CM Codes	ICD-9-CM Codes	
Personality Disorders	F21 (schizotypal disorder)	301.22 (schizotypal personality disorder)	
	<i>Translated code F34.0 (cyclothymic disorder) not included; included in "Bipolar Disorders" case definition</i>	301.10 (affective personality disorder, unspecified)	
	<i>Translated code F34.1 (dysthymic disorder) not included; included in "Depressive Disorders" case definition</i>	301.12 (chronic depressive personality disorder)	
	<i>F60 (specific personality disorders)</i>	<i>301 (personality disorders)</i>	
	F60.0 (paranoid personality disorder)	301.0 (paranoid personality disorder)	301.1 (affective personality disorder)
			301.2 (schizoid personality disorder)
	F60.1 (schizoid personality disorder)	301.20 (schizoid personality disorder, unspecified)	301.21 (introverted personality)
			301.7 (antisocial personality disorder)
			301.83 (borderline personality disorder)
	F60.2 (antisocial personality disorder)	301.3 (explosive personality disorder)	301.5 (histrionic personality disorder)
			<i>(continued on next page)</i>
	F60.3 (borderline personality disorder)	301.50 (histrionic personality disorder, unspecified)	301.59 (other histrionic personality disorder)
			301.4 (obsessive-compulsive personality disorder)
			301.82 (avoidant personality disorder)
F60.4 (histrionic personality disorder)			
F60.5 (obsessive-compulsive personality disorder)			
F60.6 (avoidant personality disorder)			



	F60.7 (dependent personality disorder)	301.6 (dependent personality disorder)
	F60.8 (other specific personality disorders)	301.8 (other personality disorders)
	- F60.81 (narcissistic personality disorder)	301.81 (narcissistic personality disorder)
	- F60.89 (other specific personality disorders)	301.11 (chronic hypomanic personality disorder)
		301.84 (passive-aggressive personality)
		301.89 (other personality disorder)
	F60.9 (personality disorder, unspecified)	301.9 (unspecified personality disorder)

Development and Revisions

- In January of 2016 the case definition was updated to include ICD10 codes.
- This case definition was developed in November of 2010 by AFHSC *Medical Surveillance Monthly Report (MSMR)* staff for an article on mental disorders and mental health problems among active duty Service members.¹ The case definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses.

Case Definition and Incidence Rule Rationale

- To increase the specificity of the case definition for outpatient encounters, two such encounters with the defining diagnoses are required. The period of 180 days was established to allow for the likelihood that “true” cases of a personality disorder would have a second encounter within that interval.
- For the purposes of counting new incident cases, AFHSB uses a once per lifetime incidence rule unless a specific timeframe is more appropriate and is specified (e.g., individuals may be counted as an incident case once every 365 days). Historically, a "once per surveillance period" incidence rule was used due to limited data in the Defense Medical Surveillance System (DMSS), but that is no longer necessary.

Code Set Determination and Rationale

- In January of 2016 ICD9 code 301.51 (chronic factitious illness with physical symptoms) was removed from the code set. The code was inadvertently included in the code set due to its categorization under histrionic personality disorders in the ICD-9-CM Manual. In DSM-IV factitious disorders are categorized independently and in DSM-5 factitious disorders are categorized under “Somatic Symptoms and Related Disorders.” Although often related, they are not considered personality disorders. The updated code set was reviewed by mental health professionals at the Navy Marine Corps Public Health Center.
- ICD10 codes F68.8 (other specified disorders of adult personality and behavior) and F69 (unspecified disorder of adult personality and behavior) are not included in this code set as they are not included in the DSM-5 and should not be used by providers. The corresponding codes in DSM-IV are related to factitious disorders and are not related to personality disorders.
- The code set and groupings of mental health disorder-specific diagnoses used in this case definition are based on code sets developed by the Agency for Healthcare Research and Quality



(AHRQ)³, Garvey *et al*⁴ and Seal *et al*.⁵ The final code set was selected after a review of the scientific literature and of the relevant codes in the International Classification of Diseases, 9th Revision.

Reports

AFHSB reports on personality disorders in the following reports:

- Periodic *MSMR* articles on mental disorders and associated hospitalizations, outpatient medical encounters, and post-deployment illnesses.
- Annually: *MSMR* article on the “Absolute and relative morbidity burdens attributable to various illnesses and injuries. U.S. Armed Forces.” (see *Comments* section below).

Review

Mar 2019	Case definition reviewed and updated by the AFHSB Surveillance Methods and Standards (SMS) working group.
Jan 2016	Case definition reviewed and updated by the AFHSB Surveillance Methods and Standards (SMS) working group
Sep 2012	Case definition reviewed and adopted by AFHSC Surveillance Methods and Standards (SMS) working group.
Nov 2010	Case definition developed and reviewed by AFHSC <i>MSMR</i> staff.

Comments

Burden of Disease Reports:

AFHSB articles and reports on the “burden” of illness and injury in the U.S. Armed Forces group all illness and injury-specific diagnoses, defined by ICD9 and ICD10 codes, into 142 burden of disease-related conditions and 25 categories based on a modified version of the classification system developed for the Global Burden of Disease (GBD) Study.⁶ In general, the GBD system groups diagnoses with common pathophysiologic or etiologic bases and/or significant international health policymaking importance.

The AFHSB disaggregates some diagnoses that are grouped into single categories in the GBD system (e.g., mental disorders) to increase the military relevance of the results. The category of mental health disorders is separated into the following sub-categories of “disorders”: anxiety, substance abuse, adjustment, mood, tobacco dependence, psychotic, personality, somatoform, and all other mental disorders.⁷

³ Agency for Healthcare Research and Quality website.

<http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>; accessed July 2015.

⁴ Garvey Wilson A, Messer S, Hoge C. U.S. military mental health care utilization and attrition prior to the wars in Iraq and Afghanistan. *Soc Psychiatry Psychiatr Epidemiol.* 2009;44(6):473-481.

⁵ Seal KH, Bertenthal D, Miner CR, Sen S, Marmar C. Bringing the War Back Home: Mental Health Disorders Among 103 788 US Veterans Returning From Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities. *Arch Intern Med.* March 12, 2007;167(5):476-482.

⁶ The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Murray, CJ and Lopez, AD, eds. Harvard School of Public Health (on behalf of the World Health Organization and The World Bank), 1996:120-2.

⁷ Armed Forces Health Surveillance Branch. Absolute and relative morbidity burdens attributable to various illnesses and injuries, active component, *Medical Surveillance Monthly Report (MSMR)*. May 2018; Vol.25 (5): 2-9.



Because reports on disease burden are based on the total numbers of medical encounters for specific conditions, a slightly different case definition is used for burden analyses. The case definition requires capturing only the diagnosis in the primary (first) diagnostic position of each record of an inpatient or outpatient medical encounter. Each individual is allowed only one medical encounter per condition per day, and inpatient encounters are prioritized over outpatient encounters on the same day. Case defining codes are any ICD9 codes between 001 and 999, any ICD10 codes between A00 and T88, ICD10 codes beginning with Z37 (outcome of delivery), and DoD unique personal history codes DoD 0101-0105.

Comprehensive AFHSB Mental Health Reports:

For analyses and reports requiring data on *all* mental disorders, AFHSB includes *all* mental health diagnoses that fall within the range of ICD9 codes 290-319 / ICD10 codes F01-F99 (mental disorders) in the first or second diagnostic position. The following diagnoses are excluded from the analysis.

- Codes ICD9 310.2 / ICD10 F07.81 (post-concussion syndrome)
- Codes ICD9 305.1 / ICD10 F17* (tobacco use disorder / nicotine dependence) is not included as tobacco-cessation efforts are widespread within primary care clinics in the military and this diagnosis is not treated as a mental health disorder.
- Codes ICD9 317*-319* / ICD10 F70-F79 (mental retardation)
- Codes ICD9 315* / ICD10 F80*-F82*, F88-F89 (specific delays in development)
- Codes ICD9 299* / ICD10 F84* (pervasive developmental disorders)

