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Cure for Anti-social personality disorder

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Abstract: Identify the anti-social personality disorder, etiology of the disease, treatment and the complications if not cured. Antisocial personality disorder, is referred to as mental illness or social dysfunction that usually starts on early childhood or adolescents. There is an antisocial personality disorder of 3% to 30% of the number of outpatient psychiatric patients. It is also difficult for the doctor to detect signs and symptoms. Early diagnosis improves long-term hospital outcomes

Keyword: Anti-Social Personality Disorder, Etiology, Treatment, Psychotropic drugs, loneliness

I. INTRODUCTION

An antisocial personality disorder is a term mentioned by the Diagnostic and Statistical Manual of Mental Disorders. [1 & 2] Evidence stated that the diagnosis of the disorder was referred to or include a diagnosis of what is referred to as mental illness or social dysfunction, although sometimes there are differences. [3, 4, 5, 6].

The disorder begins in early adolescence and continues into adulthood. It is well shown as a prevalent pattern of ignorance of the person with the prevailing social laws and standards, resulting in a serious failure to perform both life and practical responsibilities [7, 8].

There are widespread patterns and symptoms mainly expressed in the disregard and violation of the rights of others and are indicated by three or more of the following: [9]

- Failure to comply with social norms with respect to legal conduct committing many acts that lead to his arrest several times.
- Deception is seen by lying repeatedly, or deceiving others for personal gain or pleasure.
- Failure to plan for the future.
- Emotional and aggressive, and seen through frequent quarrels or physical attacks.
- Underestimating himself or others' safety.
- Lack of responsibility constantly, as evidenced by repeated failure to maintain work behaviors or fulfill material obligations.
- Lack of a sense of remorse, as it is evident that the person justifies the presence of pain, ill-treatment, or theft of others.
- Cruelty against animals.
- Use of beauty or intelligence to manipulate others, for personal benefit or pleasure.
- The inability to maintain permanent relationships, although there is no

difficulty in establishing them.

- The inability to experience guilt or benefit from experiences, especially punishment.
- Evidence of behavior disorders before the age of 15 years.

The emergence of anti-social behaviors is not confined to schizophrenia or manic episodes. [10, 11 & 12] Psychopathy is commonly defined as personality disorder characterized to some extent by antisocial behavior, lack of remorse, and poor behavior control. [8, 13, 14 &15]

Theodore Milon proposed five subtypes of anti-social personality disorder: [16, 17]

1- The personality of the traveler (including the characteristics of the schizophrenic personality) is haunted, misplaced, outcast, shallow-minded, wandering, homeless, leaving school and an incompetent person.

2- The character of the idleness (including traits of the sadistic and morbid character) is aggressive, cynical, cynical, malignant, cruel, brutal, backward; expects betrayal and punishment; vindictive; violent; hard-hearted, brave.

3- The profane personality (distinct from the traits of an honest personality) deliberately feels denial and deprivation, greed, envious, greedily greedy; more enjoying rather than giving.

4- Risk-taking (includes hysterical traits) Brave, daring, daring, bold, reckless, dangerous, and impulsive.

5- A person who defends the reputation (including the traits of narcissistic personality) needs to think that he is infallible, indestructible, invincible, respectable, impervious, stubborn in doubt; overreacting to the most trivial

II. Disease progression, causes and paraphysiology

The following situations usually occur with an anti-social personality disorder [18] when combined with alcohol abuse, people may have a deficit in frontal function in neuropsychological tests more than those associated with each case. [19]

- Anxiety disorder
- Depressive disorders
- Drive control disorders
- Material-related disorders
- Disturbance of the body
- Hyperactivity disorder and attention deficit disorder.
- Hysterical personality disorder
- Narcissistic personality disorder
- Sadness personality disorder

Epidemics science

There is an antisocial personality disorder of 3% to 30% of the number of outpatient psychiatric patients. [20] This disorder is more prevalent in certain people, such as prisoners, since they are likely to be violent criminals. [21] A review of the publications of the studies on mental disorders of prisoners in 2002 indicated that 47% of male prisoners and 21% of female prisoners had personality disorders. [22]

Similarly, an increase in the incidence of antisocial personality disorder among patients enrolled in alcohol or other drug abuse programs from the general population suggests a relationship between anti-social personality disorder, alcoholism, and other drugs and their followers. [23]

Causes and pathophysiology

Personality disorders seem to occur because of a combination of genetic and environmental influences. Genetic influences are the mood and personality of the individual, and environmental influences are the way in which the person is born and the outcome of his or her experiences. [24]

1- Hormones and neurotransmitters

Painful events can inhibit normal growth of the central nervous system, which in turn can cause the secretion of hormones that can alter normal patterns of growth. [25] Testosterone is a hormone that plays an important role in aggressive brain. [26] For example, criminals who committed violent crimes have higher levels of testosterone compared to the normal person. [27]

One of the neurotransmitters discussed in individuals with antisocial personality disorder is serotonin, [27] indicating a decrease in serotonin levels, especially in those younger than 30 years of age. [28] This will lead to decreased mood performance, as shown on patients with antisocial personality disorder. It is important to note that dysfunction of serotonin may not be the only characteristic that leads to an antisocial personality disorder but is one aspect of the multifaceted relationship between biological and psychosocial factors.

2- Peripheral neuropathy

Those with peripheral neuropathy had significantly higher levels of antisocial personality, mental illness, and increased arrest and conviction than control of themselves. [29]

3- Cultural influences

The sociocultural perspective of clinical psychology sees that disorders are influenced by cultural aspects, and because social norms vary widely; mental disorders such as anti-social personality disorder are seen differently. [30]

There is also ongoing debate as to the extent to which the legal system should participate in identifying and accepting patients with initial symptoms of an anti-social personality disorder. [31]

4- The environment

Some studies suggest that the social and domestic environment has contributed to the development of anti-social behaviors. [32] The parents of these children have been shown to exhibit anti-social behaviors that they have transported to their children. [33] Exposure to abuse or neglecting, loss of stability, chaos and violence in family life during childhood are main environmental cause of antisocial behavior disorder.

5- Head injuries

Researchers have linked head injuries to anti-social behavior. [34] [35] [36] since the 1980s, scientists have linked traumatic brain injuries, including damage to the frontal cortex to the inability to make morally and socially acceptable decisions.

[37] [38] Children who have previously suffered damage to the frontal cortex may not develop fully in social or moral terms and become psychologically dysfunctional individuals, characterized by high levels of aggressive and anti-social behaviors that are performed without guilt or sympathy for their victims. [39] [40]

III. Treatment

Anti-social personality disorder is one of the most difficult personality disorders. [41] [42] Because of the severe decline in the capacity for remorse or absence, individuals with an antisocial personality disorder often lack sufficient motivation and fail to see the cost of their anti-social behavior. [42]

Remember that it is vital to seek medical and psychological assistance and treatment from experienced specialists in this type of disorder. The treatment plan depends on the type of condition dependent on the treatment, the cooperation of the patient, and the severity of the symptoms. [43, & 44] There are recommendations for hospital-based treatment programs that provide a carefully controlled environment for the building and control along with peer confrontation. [42]

There are some researches on the treatment of antisocial personality disorders that have shown positive outcomes of therapeutic interventions. [45] The treatment of the thinking system is also being investigated as a means of treating an anti-social personality disorder. [46] But this treatment requires the full cooperation and participation of all members of the family. [47]

Treatment methods must focus on rational arguments and use of repeated mistakes of the past rather than trying to develop the conscience of these individuals. [48]

Some psychotropic drugs may reduce the symptoms of cases that are sometimes associated with the disorder and its symptoms, such as aggression. These include: antipsychotics, antidepressants, and mood stabilizers. [49] But caution when prescribing drugs especially when abuse is possible.

Complications:

Including complications, consequences and effects of an anti-social personality disorder: [49, &50]

- Alcohol or drug abuse.
- Being in prison.
- Behavior of murder or suicide.
- Other psychological disorders such as depression or anxiety.
- Modesty of social or economic situation, or homelessness.
- Participation in the work of criminal gangs.
- Early death, usually as a result of violence.

Diagnosis:

The doctor will diagnose after examination and evaluation and record the medical history. Traditionally, this disorder is not diagnosed before age 18. Some symptoms show behavioral disorder in childhood, usually before age 15.

It is unlikely that a person with an antisocial personality disorder will think he needs help. But may resort to the request of the doctor because of other symptoms such as depression or drug addiction.

It is also difficult for the doctor to detect signs and symptoms, the key indicator is the dealings with others. So, after taking permission, the information from the family and friends circle is helpful. Early diagnosis improves long-term hospital outcomes.

III. CONCLUSION

It is common for people with an anti-social personality disorder to seek support only under the urging of close people. If you suspect that a friend or someone in your family is suffering from this disorder, you may want to offer him the most pleasant request to seek medical assistance from family medicine or psychiatry directly.

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