Knowledge of common physical health problems in people with personality disorder, and their management

Knowledge of physical health problems

An ability to draw on knowledge that, contrasted to the general population, people with personality disorder have:

- a higher risk of developing physical illnesses
- a higher relative risk of premature death (linked to factors such as increased suicide rates, increased physical risk taking and poor medical care)

An ability to draw on knowledge of the elevated risk factors for poorer physical health associated with lifestyle factors such as:

- unemployment
- poverty
- poor self-care (e.g. diet, low rates of physical activity, smoking)
- alcohol and substance misuse

An ability to draw on knowledge that patients with personality disorder may be more vulnerable to a range of physical health conditions including

- obesity, diabetes and hypertension
- “syndrome-like” conditions (such as chronic fatigue and fibromyalgia)
- chronic pain

An ability to draw on knowledge that many physical health problems will usually result from a convergence of a number of factors rather than from a single cause

Management of physical health problems and support to access healthcare

An ability to draw on knowledge of areas where support for improving physical health may be targeted, e.g.: 

- education about the potential impacts of lifestyle choices
- support for smoking cessation/reduction
- reduction or cessation of drug or alcohol misuse
- promotion of appropriate exercise
- education about diet and healthier food choices

An ability to help self-neglecting clients to take advantage of appropriate physical healthcare interventions including:

- regular annual healthcare checks, usually in primary but also in secondary care, that monitors: key indicators such as cardiovascular status, weight, and blood glucose and lipids
- treatment interventions for the care of both acute and chronic physical health problems

An ability to draw on knowledge of potential links between symptoms of personality disorder, lifestyle choices and physical health issues, and to use this to formulate potential pathways for intervention, e.g.

- poor engagement, low motivation and limited financial resources leading to obesity through limited physical activity, side effects of medication and a poor diet