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## Diagnosis and Treatment of Antisocial Personality Disorder: A Case Report

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### ABSTRACT

**Introduction:** Antisocial personality disorder (ASPD) defines patterns of behavior that are irresponsible for social, exploitative, and unproblematic issues that begin in early childhood or adolescence and are manifested by changes in the life phase. This case report aimed to describe antisocial personality disorder experienced by a girl in Aceh, Indonesia. **Case presentation.** A woman, 19 years old, a college student, living in a suburban area, came to consult to hospital with complaints of anxiety and difficulty sleeping. The patient claimed that she often wanted to hurt and persecute others. She often tries to hurt other people but does not get caught because she said the act was carried out accidentally. When she was a child, she liked to torture animals and she did it without guilt and pity. Lately patient felt the desire to hurt others is getting bigger. **Conclusion:** The management of antisocial personality disorder can be adjusted to the circumstances and background or risk factors of the disorder, and treatment is used to reduce symptoms.

### 1. Introduction

Antisocial personality disorder (ASPD) defines patterns of behavior that are irresponsible for social, exploitative, and unproblematic issues that begin in early childhood or adolescence and are manifested by changes in the life phase.<sup>1</sup> ASPD begins in childhood and is fully manifested in the late 20s or early 30s.<sup>2</sup>

Specific problems include crime and failure to restore the law, failure to maintain repaired work, manipulation of others for personal gain, and failure to develop stable interpersonal relationships. Other manifestations of ASPD include less empathy for others, less regret, and failure to learn from the negative results of one's experience.<sup>3</sup>

The cause of antisocial personality disorder cannot be clearly known. New research has found that

genetics, childhood trauma, verbal abuse, high reactivity, and peer influence precipitate challenges in influencing safety. Genetic factors determine whether a person can overcome a problem based on the traits acquired by parents. Sexual harassment, childhood trauma, and peer influence, lifestyle changes are full of determinants of this disorder.<sup>4-6</sup>

More than 8 million people in the United States present antisocial personality disorders and many more exhibit traits, but do not have full-blown disorders.<sup>7</sup> This disorder is experienced by more men than women, and commonly occurs in the penitentiary. This disorder has many symptoms and complications that should be treated as soon as possible.

Antisocial personality disorder symptoms are ignorance of right and wrong values, breaking social rules and law, lying and cheating without feeling guilty, manipulating others, and many more. These symptoms will appear clearly in their 20s and decrease with age. This case report presents an antisocial personality disorder experienced by a girl in Aceh, Indonesia.

## 2. Case Presentation

A woman, 19 years old, a college student, living in a suburban area, came to consult to hospital with complaints of anxiety and difficulty sleeping. She felt this feeling of anxiety 1 year before but has increased since this 1 month. The patient claimed that she often wanted to hurt and persecute others. The patient often learns about how to hurt others, how to do torture, and other unusual plans through films or television shows. She often tries to hurt other people but does not get caught because she said the act was carried out accidentally. She claimed to really like the brutal scenes on television, serial killer, and torture, and really enjoyed the scenes. She also often hurts herself and this has been done since her childhood. When she was a child, she liked to torture animals, slammed little fish, and electrocute insects and the action is carried out without remorse and pity. Lately patient felt the desire to hurt others is getting bigger. And the patient is increasingly unable to resist the desire, so finally, she wants to be hospitalized.

Family history shows the patient abandoned and treated rudely by her family since childhood. The patient grows and grows up in a family environment accustomed to violence. The patient's father used to beat the patient and his siblings, while his mother was unable to resist his father's abusive treatment.

At the time of examination, the patient appeared to be conscious and oriented towards the place, time, and circumstances. She was a bit restless but able to control herself well. The patient could tell their thoughts smoothly, the contents of her thoughts in the form of ideas that are sadistic, criminal, and preoccupied with the desire to hurt others. No

perception disorder was found. Patient's insight was poor, where the patient did not realize that his thoughts and actions are something bad. The patient was also not afraid of the risk of punishment that will be received due to her actions (prison, police, etc.).

The patient was then diagnosed as an antisocial personality disorder and was given management to reduce the symptoms experienced by the patient and control his behavior. Patients were treated with mood stabilizers in the form of valproic acid 200 mg / 12 hours and antipsychotics in the form of risperidone 1 mg / 12 hours. The patient also agreed to do psychodynamic psychotherapy to explore past trauma and look for causes of behavior experienced by the patient. After 2 weeks of drug administration, the patient claimed to be a little calmer, but the desire for violence still remained. Currently, the patient is still in the process of psychotherapy with a psychiatrist.

## 3. Discussion

Individuals with antisocial personality disorder exhibit behavior that is not in accordance with the social rules and laws that apply in society, and generally they are involved in a crime or criminal behavior such as fraud, running away from home or school, theft, violence, or substance abuse. They do not feel guilty about their behavior. They can exploit others for their own benefit and cause physical, sexual, or financial damage. They may look normal, smart, friendly, charming, or kind. They are described as egocentric, have a low tolerance threshold, cannot show empathy, are impulsive, exploitative, cannot maintain relationships, and are not responsible. The prevalence of this disorder is 3% for men and 1% for the female population.<sup>8-10</sup>

In this case, the patient who is a woman is an uncommon tendency, whereas antisocial personality disorder is commonly experienced by the male population. Based on the developmental history, symptoms of the disorder have begun to appear since the patient is a child. She often tortures pets and does not feel sorry for these animals. The patient also often tortures and injures herself since childhood. At

present, the patient begins to carry out violence against others and begins to study various kinds of violence. She also did not feel afraid of the risks and penalties as a consequence of the planned crime. This patient was later diagnosed with an antisocial personality disorder.

Psychotherapy is the treatment of choice for antisocial personality disorders. Psychotherapy is a type of individual counseling that focuses on changing one's thinking.<sup>9-13</sup> (cognitive therapy) and behavior (behavioral therapy). Unfortunately, research does not show that current treatments are very helpful for treating personality disorders themselves. Psychotherapy is chosen based on the goals and circumstances of each individual.<sup>14</sup>

In younger people, family or group psychotherapy can help change destructive behavior patterns, teach vocational skills and new relationships, and strengthen one's social support.<sup>15</sup> Family therapy can improve understanding among family members of people with antisocial personality disorders. Group therapy is most useful if it is designed for people with antisocial personality disorders. Someone with this disorder may be more comfortable discussing their feelings and behavior with individuals who face similar problems and problems.<sup>16-17</sup>

In some cases, symptoms can be treated with drugs, although again there is no specific drug that is considered best for everyone with this disorder.<sup>18</sup> Selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine and sertraline, or mood stabilizers (valproic acid or carbamazepine) can be used to reduce aggressiveness, and irritability and stabilize mood. These medicines are useful if there is anxiety or depression, or if the person uses the substance to treat themselves anxiety or low mood.<sup>19-21</sup>

#### **4. Conclusion**

Management of antisocial personality disorder can be adjusted to the circumstances and background or risk factors of the disorder, and treatment is used to reduce symptoms.

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