CONDITION

# Antisocial personality disorder

Learn about antisocial personality disorder, including its symptoms, causes, diagnosis, treatment options, complications, and when to seek help.

**WHAT IT IS**
Long-term mental health condition

**BODY SYSTEM**
Mental health

**MAIN SYMPTOMS**
Dishonesty, impulsivity, aggression, limited remorse

**WHAT CAUSES IT**
Inherited and environmental factors

**HOW IT IS DIAGNOSED**
Detailed mental health evaluation

**MAIN TREATMENT**
Structured psychological treatment

**CAN IT BE CURED?**
No, treatment reduces harmful behavior

**IS IT AN EMERGENCY?**
Sometimes, suicidal thoughts or uncontrolled violence

**LONG-TERM OUTLOOK**
Progress may be gradual and behavior can improve

## Overview

Antisocial personality disorder, often shortened to ASPD, is a long-term mental health condition. It involves a persistent pattern of disregarding other people's rights, social rules, and personal safety. A person may repeatedly act dishonestly, impulsively, irresponsibly, or aggressively and may show limited remorse after harming someone.

The word "antisocial" can be confusing. In everyday speech, it may describe someone who is quiet or avoids social situations. ASPD does not mean shyness, introversion, or social anxiety. It refers to behavior that repeatedly conflicts with the rights and safety of other people.

ASPD is diagnosed only in adults. The pattern begins earlier in life, with evidence of conduct disorder before age 15. Conduct disorder is a childhood or adolescent pattern that may include serious rule-breaking, aggression, destruction of property, theft, or other major violations of

people's rights. Many young people with behavioral problems do not go on to develop ASPD.

ASPD can affect relationships, employment, finances, physical health, and involvement with the legal system. Substance use, depression, anxiety, attention-deficit/hyperactivity disorder, and other mental health conditions may occur at the same time. Recognizing these needs matters because treatment can focus on reducing harmful behavior, improving day-to-day functioning, and treating other conditions that may worsen risk.

"Psychopathy" and "sociopathy" are sometimes used in public discussion, but they are not interchangeable with an ASPD diagnosis. Psychopathy generally refers to a set of emotional and interpersonal traits assessed in some clinical or forensic settings. It should not be assumed based on a person's behavior or an ASPD diagnosis.

## Symptoms

Symptoms form a broad, continuing pattern rather than a single act or short period of poor judgment. The pattern occurs across different parts of life, such as work, relationships, finances, and interactions with the law.

Features considered during an assessment may include:

Not everyone with ASPD has every feature. The severity and type of behavior can also change over time. Some people may seek help because of anger, substance use, relationship problems, depression, legal difficulties, or trouble keeping work rather than because they are concerned about the personality pattern itself.

A diagnosis should never be based on one upsetting event, a criminal record alone, or another person's informal opinion. Occasional dishonesty, anger, impulsive choices, or conflict do not by themselves establish ASPD.

- Repeatedly breaking laws or ignoring important social rules
- Lying, using false identities, manipulating others, or deceiving people for personal benefit
- Acting without considering likely consequences
- Irritability, aggression, repeated fights, or intimidation
- Disregarding personal safety or the safety of others
- Ongoing difficulty meeting work, financial, parenting, or other responsibilities
- Limited remorse, including minimizing harm or blaming the person who was harmed

## Causes and risk factors

There is no single cause of ASPD. Current evidence suggests that inherited traits, early development, family experiences, and the wider environment may interact. Risk factors do not make the condition inevitable, and they do not excuse harmful behavior.

Factors associated with a greater likelihood of persistent antisocial behavior include a family history of antisocial behavior or certain other mental health conditions. Temperament traits, such as marked impulsivity or difficulty responding to consequences, may also contribute.

Childhood experiences can matter. Abuse, neglect, unstable caregiving, harsh or inconsistent discipline, exposure to violence, and serious family conflict have been linked with increased risk. Community violence, social disadvantage, and limited access to support may add stress. However, most people who experience adversity do not develop ASPD, and people with ASPD do not all report the same background.

Conduct disorder before age 15 is required for the adult diagnosis. Early problems may include aggression, cruelty, serious theft, property destruction, or repeated major rule violations. Early assessment and support can address the child's safety, family needs, learning difficulties, substance use, and other mental health concerns. It should not be used to label a child as having an adult personality disorder.

## Diagnosis

ASPD is diagnosed through a detailed evaluation by a qualified mental health professional. There is no blood test, brain scan, or questionnaire that can confirm it on its own.

The clinician usually asks about behavior and relationships across the person's life. The assessment may cover childhood conduct problems, education, employment, finances, legal history, substance use, physical health, trauma, and current mental health symptoms. Information from past records or other people may be helpful when it is available and appropriate. Clinicians should explain confidentiality and any limits that apply when there is a serious safety concern.

Under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision diagnostic framework, the person must be at least 18 years old. There must also be evidence of conduct disorder before age 15 and an ongoing adult pattern of disregarding and violating other people's rights.

A careful assessment looks for other explanations. Impulsivity or aggression may occur with substance intoxication or withdrawal, bipolar disorder, psychotic disorders, post-traumatic stress disorder, attention-deficit/hyperactivity disorder, brain injury, or other personality

disorders. For ASPD, antisocial behavior must not occur only during schizophrenia or bipolar disorder.

Assessment may take more than one visit. This can help the clinician understand long-term patterns, identify treatable conditions, and assess the risk of self-harm, suicide, violence, exploitation, or harm to dependents. A person can ask how the diagnosis was reached or request another professional opinion if the explanation is unclear.

## Treatment and management

Treatment is based on the person's needs, goals, risks, and other health conditions. Building a reliable working relationship can take time. Clear expectations, consistent boundaries, and practical goals are often important.

Structured psychological treatment may focus on understanding triggers, considering the consequences of actions, managing anger, reducing impulsive behavior, and improving problem-solving. Cognitive and behavioral approaches examine links among thoughts, emotions, choices, and outcomes. Some programs also address interpersonal conflict, offending behavior, or substance use.

Evidence for specific psychological treatments remains limited, and no single therapy works for everyone. Treatment may be offered individually or in a group, depending on the setting and safety needs. Regular attendance and a willingness to work on specific behaviors can support progress.

Medication is not routinely recommended to treat the core features of ASPD, such as repeated deception, aggression, or lack of remorse. A clinician may prescribe medication for a separate condition, such as depression, anxiety, attention-deficit/hyperactivity disorder, or a psychotic disorder. Medication decisions require attention to side effects, interactions, overdose risk, and possible misuse. Patients should not start, stop, or share psychiatric medication without medical guidance.

Alcohol or drug use can worsen impulsivity, aggression, mood symptoms, and treatment attendance. Treatment may include substance-use counseling, relapse-prevention support, or coordinated addiction care. Withdrawal from alcohol or some drugs may require medical supervision.

Practical support can be equally important. Depending on the person's situation, management may involve help with housing, employment, finances, parenting, legal obligations, or physical health. Family or trusted supporters may be involved with the person's agreement when this is safe and helpful.

Treatment goals may include:

- Reducing violence, exploitation, reckless behavior, or repeated legal problems
- Improving control over anger and impulsive decisions
- Treating substance use and other mental health conditions
- Building more stable work, housing, and relationship patterns
- Creating a clear plan for crises and high-risk situations

## Complications

ASPD may contribute to unstable relationships, family conflict, loss of employment, debt, housing problems, injury, incarceration, and poor physical health. Reckless behavior can place both the person and others at risk.

Substance use disorders are an important concern because intoxication and withdrawal may increase impulsivity or aggression. Depression, anxiety, suicidal behavior, and other psychiatric conditions can also occur. These problems need their own assessment rather than being assumed to be part of the personality disorder.

People with ASPD may encounter stigma or be viewed as incapable of change. The diagnosis does not define every action a person takes. Individual behavior, current risk, treatment needs, strengths, and willingness to engage should be assessed separately.

## Follow up

Routine follow-up may include reviewing treatment goals, therapy attendance, substance use, medication for other conditions, physical health, and practical concerns. Progress may be gradual and is often measured by changes in behavior and functioning rather than by personality traits disappearing.

It is appropriate to arrange an earlier appointment if anger, impulsivity, substance use, depression, or relationship conflict is getting worse. A clinician should also be contacted promptly if medication causes troubling side effects or if the person is at increasing risk of losing housing, work, or essential support.

Urgent assessment is needed when someone has thoughts of suicide, feels unable to control violent behavior, makes a credible threat to harm another person, experiences severe intoxication or withdrawal, or develops hallucinations, severe confusion, or extreme agitation.

If harm appears immediate, contact local emergency services or go to an emergency department. Move away from weapons or other means of harm if this can be done safely. A person who may become violent should not be confronted alone.

## Sources

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