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HISTRIONIC PERSONALITY DISORDER- A REVIEW ON COMORBIDITIES, ASSOCIATED FEATURES AND ASSESSMENTS WITH CONSIDERATION OF FACTITIOUS DISORDER TRAITS

Trisha Akula
Post Graduate Diploma in Counselling Psychology at Jain (Deemed-to-be) University, School of Sciences, JC Road, 560027, Karnataka

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ABSTRACT
This paper examines Histrionic Personality Disorder (HPD) by exploring its comorbidities and associated characteristics as identified in both the DSM and recent research. Special attention is given to the feature of falsifying or feigning symptoms, a prominent trait in Factitious Disorder, which shares notable overlaps with HPD but is currently underrepresented in existing assessment and screening tools for HPD.

KEYWORDS: *Histrionic Personality Disorder, Falsification, Factitious Disorder, Somatic Symptoms*

1. INTRODUCTION
Histrionic Personality Disorder (HPD), as defined by the DSM, is marked by pervasive, exaggerated emotionality and attention-seeking behaviors that typically begin in early adulthood. HPD is categorized within the Cluster B personality disorders, known for traits that are impulsive, self-destructive, dramatic, and emotionally intense. Other Cluster B disorders include Antisocial Personality Disorder, Borderline Personality Disorder, and Narcissistic Personality Disorder, which frequently co-occur with HPD.

The DSM-5 diagnostic criteria for HPD specify a "pervasive pattern of excessive emotionality and attention seeking," present by early adulthood across various contexts, with symptoms that include: discomfort when not the center of attention, inappropriate sexually seductive behavior, rapid emotional shifts, excessive reliance on physical appearance to draw attention, impressionistic speech, exaggerated emotional expressions, suggestibility, and perceiving relationships as more intimate than they are.

The estimated prevalence of HPD is 1.8% according to the National Epidemiologic Survey on Alcohol and Related Conditions, and 0.9% based on a review of five epidemiological studies. HPD appears more prevalent among females, and clinical experience suggests that individuals with HPD may exhibit an increased risk of suicidal threats.

1.1 CAUSES AND FACTORS TRIGGERING RISK
The etiology of HPD remains partially understood, with genetic factors implicated in temperament formation. Environmental influences, particularly childhood experiences and family relationships, are also associated with HPD. Risk factors may include traumatic experiences such as abuse, neglect, or assault during childhood.

1.2 TREATMENT APPROACHES
1.2.1 PSYCHOTHERAPY
Psychodynamic psychotherapy is often considered effective for HPD, given that its underlying causes are typically rooted in early developmental experiences. This therapeutic approach aims to improve relational dynamics and symptom management.

1.2.2 COGNITIVE BEHAVIOR THERAPY
CBT is frequently used to address maladaptive behaviors in HPD by promoting recognition and replacement of irrational thoughts with functional alternatives, thus improving emotional and behavioral regulation.

1.2.3 MEDICATIONS
Medications are generally prescribed to manage mood instability and associated symptoms such as anxiety and depression in HPD, with antidepressants and mood stabilizers being the most commonly used pharmacological options.

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2. HISTRIONIC PERSONALITY DISORDER-UNDERSTANDING EXISTING AND POTENTIAL COMORBIDITIES

As noted by Candel (2019), the rarity of HPD and its high comorbidity with other disorders have limited extensive research. The DSM-5 identifies Somatic Symptom Disorder, Functional Neurological Symptom Disorder (Conversion Disorder), and Major Depressive Disorder as commonly comorbid with HPD, with particular attention to somatic-related disorders. Garyfallos et al. (1999) found that 24% of patients with somatoform disorders also met criteria for HPD, while Morrison (1989) reported that 60 women with Somatization Disorder also exhibited symptoms consistent with HPD. Torrico et al. (2024) emphasize that somatic complaints in HPD may be indicators of distress, linking HPD with Somatic Symptom Disorder and Illness Anxiety Disorder.

Mood disorders also commonly co-occur with HPD. For example, Riso et al. (1996) reported a significant comorbidity between Cluster B personality traits and early-onset dysthymia, while Üçok et al. (1998) found a high prevalence of HPD in individuals diagnosed with Bipolar I Disorder.

2.1 COMORBIDITY WITH FACTITIOUS DISORDER

Factitious Disorder is characterized by the falsification of symptoms without clear external incentives, with individuals presenting themselves as ill or impaired. Both HPD and Factitious Disorder involve attention-seeking behaviours, although they manifest differently. HPD is associated with rapid emotional shifts and exaggerated emotional displays, while Factitious Disorder is marked by symptom exaggeration to garner emotional support and resources from others. Studying the coexistence of HPD and Factitious Disorder could provide a deeper understanding of the comorbid conditions linked to HPD.

3. ASSOCIATED FEATURES AND ASSESSMENTS FOR SCREENING SIGNS AND SYMPTOMS

According to the DSM, HPD is associated with an interpersonal style characterized by dominance, intrusiveness, and challenges in maintaining emotional intimacy in romantic relationships. Other noted traits include novelty-seeking, diminished interest over time, impulsivity, immaturity, and self-centeredness (Candel, 2019; Bornstein, 1999). Additionally, individuals with HPD often demonstrate pseudo-hypersexuality, somatization tendencies, and low frustration tolerance.

Mullins-Sweatt et al. (2011) state that there is no dedicated assessment tool for HPD. However, general instruments like the 'Structured Interview for DSM Personality Disorder' (SIDP), the 'Personality Diagnostic Questionnaire' (PDQ), and the Structured Clinical Interview for DSM-III (SCID) are used to screen for HPD (Nestadt et al., 1990). The Minnesota Multiphasic Personality Inventory (MMPI) is another tool employed in HPD assessment (Candel, 2019).

Some assessments specifically designed to capture HPD traits have also been developed. For instance, the SWAP-200 provides comprehensive personality descriptions for clinical use (Shedler & Westen, 2004). Additionally, Ferguson et al. (2014) introduced the Brief Histrionic Personality Scale (BHPS), while Savci et al. (2020) developed the Online Histrionic Personality Scale (OHPS), which aligns with the DSM criteria to identify HPD-related behaviours.

3.1 CONSIDERING FACTITIOUS DISORDER CHARACTERISTICS AS ASSOCIATED FEATURES

Despite the reliability of HPD-specific assessment tools, these instruments might benefit from incorporating traits associated with somatization, such as falsification and symptom exaggeration. By incorporating these behaviours into future HPD assessments, researchers may gain insight into the overlap between HPD and Factitious Disorder, potentially revealing further comorbid conditions.

4. CONCLUSION

Histrionic Personality Disorder, a member of the Cluster B personality disorders, remains under-researched, in part due to its low prevalence. This disorder is frequently observed as a comorbidity alongside other major psychiatric conditions. Expanding research on HPD's comorbidities, underlying causes, and therapeutic options could enhance understanding and support effective symptom management.

Further studies could explore the effects of cultural and gender influences on HPD symptomatology, as well as the role of childhood experiences, particularly parent-child relationships. Increasing awareness and recognition of HPD could ultimately support its categorization alongside other more extensively researched personality disorders.

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