PERSONALITY DISORDERS

Histrionic Personality Disorder

HPD

DSM-5-TR 301.50 | ICD-10-CM F60.4

Pervasive excessive emotionality and attention seeking with a dramatic, impressionistic style and marked suggestibility, present by early adulthood.

PREVALENCE	TYPICAL ONSET	SEX RATIO	COURSE
~1.8% US adults (NESARC)	By early adulthood	~Equal in surveys; F>M clinic	Often attenuates after midlife

CLINICAL PICTURE

- Discomfort when not the center of attention drives dramatic entrances, vivid gestures and escalating stories that reclaim the room when focus shifts.
- Inappropriately seductive or provocative behavior appears across contexts, including with clinicians, colleagues and people the patient barely knows.
- Emotions shift rapidly and appear shallow, and observers commonly describe the display as theatrical or insincere despite genuine felt distress.
- Physical appearance is used to draw attention, with excessive time, money and worry devoted to grooming and reactions to being seen.
- Speech is impressionistic and short on detail: a person is described as wonderful or awful with no specifics available when asked.
- Relationships are experienced as more intimate than they are, and suggestibility leaves the patient easily swayed by whoever spoke last.

DIAGNOSTIC CRITERIA AT A GLANCE

- Five or more of eight features are required, covering discomfort out of the spotlight, seductive behavior, shifting shallow affect, and appearance-based attention.
- Remaining features address impressionistic speech, theatrical self-dramatization, suggestibility, and overestimation of relationship intimacy.
- The pattern must be pervasive by early adulthood and produce distress or impairment rather than reflecting culturally sanctioned emotional expressiveness.
- Section III of DSM-5-TR does not retain a histrionic type; its features map onto attention seeking, emotional lability and manipulativeness traits.
- ICD-11 removed the category entirely in favor of severity plus trait domains, reflecting weak construct validity and poor diagnostic reliability.

NEUROBIOLOGY & PHYSIOLOGY

- Disorder-specific biology is essentially unstudied; heritability is inferred from cluster B twin work suggesting roughly 30% genetic contribution.
- Cloninger profiling shows high novelty seeking and high reward dependence with low harm avoidance, favoring approach over inhibition.
- Hyperresponsive dopaminergic reward signaling and low serotonergic constraint have been proposed but remain unreplicated in this population.
- Heightened noradrenergic and autonomic reactivity fits the rapid, high-amplitude affective shifts seen clinically, though direct evidence is thin.
- Historical continuity with hysteria links the category to conversion and somatic presentations still overrepresented in these patients.
- No structural or functional imaging signature exists, and field trial reliability for the category has been poor across DSM editions.

PSYCHOLOGICAL MECHANISMS

- Inconsistent or conditional caregiving is thought to reinforce escalating displays, since only high-amplitude emotion reliably obtained a response.
- Shapiro described a global, impressionistic cognitive style in which detail and reflection are lost, limiting the capacity for self-observation.
- Attention seeking is intermittently reinforced, the schedule most resistant to extinction, which explains persistence despite social cost.
- Self-worth is contingent on external admiration and reaction, leaving identity diffuse and dependent on the current audience.
- Sexualized presentation frequently functions as a learned strategy for securing care and is often rooted in early boundary violations.

DIFFERENTIAL & COMORBIDITY

- Borderline personality disorder is distinguished by chronic emptiness, identity disturbance, self-harm and rage; overlap is nonetheless substantial.
- Narcissistic patients seek admiration for superiority, whereas histrionic patients accept attention of any kind, including for helplessness or illness.
- Hypomania, stimulant intoxication and frontal disinhibition can mimic the rapid affect and provocative behavior and must be excluded first.
- Comorbid somatic symptom disorder, functional neurological symptoms, depression, alcohol use disorder and other cluster B disorders are common.
- Suicidal gestures may serve interpersonal functions yet still carry real lethality; assess on facts and history rather than on perceived theatricality.

Treatment EVIDENCE-BASED MANAGEMENT

PHARMACOLOGIC

- No medication has established efficacy for the core pattern, so pharmacotherapy is confined to clearly diagnosed comorbid conditions.
- **SSRIs** at standard doses treat comorbid depression and anxiety; expect dramatic reporting of side effects and verify before switching agents.
- Avoid benzodiazepines and other controlled substances given high rates of somatization, alcohol misuse and escalating requests for relief.
- Designate a single prescriber, limit as-needed medication and document the plan, which reduces splitting across multiple providers.
- Judge apparent crises against objective functioning, sleep and safety data rather than against the intensity of the affective presentation.

PSYCHOTHERAPY

- Psychodynamic and psychoanalytic psychotherapy is the traditional mainstay, aiming to link dramatic displays to unacknowledged wishes and fears.
- **CBT** counters the global cognitive style by requiring specific, detailed self-monitoring and concrete behavioral definitions of goals.
- **Schema therapy** and functional analytic approaches make approval-seeking contingencies explicit and rehearse alternative ways of being noticed.
- Address seductive behavior early, directly and without shaming, and hold a consistent frame around session time, contact and physical boundaries.
- Group therapy gives real-time peer feedback about interpersonal impact but requires active facilitation so the patient does not dominate the room.

ADJUNCT & SUPPORTIVE

- Set observable behavioral goals with countable outcomes, since narrative self-report tends to track mood rather than actual change.
- Couples or family work is indicated when partners reinforce escalation by responding only to the most dramatic communications.
- Use dimensional measures such as the **PID-5** for documentation, given the category's poor reliability and impending disappearance from ICD-11.
- Treat alcohol and stimulant use vigorously, since both amplify impulsivity, disinhibition and the interpersonal consequences that follow.
- Consolidate care in one primary medical home to reduce emergency department shopping and repeated low-yield workups for somatic complaints.

CLINICAL PEARLS

- The only DSM personality disorder ICD-11 dropped outright; reliability has always been poor.
- Histrionic patients want attention of any kind; narcissistic patients need admiration.
- Dramatic suicidal gestures still kill people. Assess on facts, never on theatrics.

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NOTE

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