

# Case Study: Dependent Personality Disorder Complicating Comorbid Mental Illnesses in a Middle - Aged Woman

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**Abstract:** *This letter presents a case study of a middle - aged woman with Dependent Personality Disorder DPD complicated by comorbid mental illnesses. The patient, from a low socioeconomic background, exhibited significant dependency and behavioral abnormalities triggered by stress. Upon assessment with the Millon Clinical Multiaxial Inventory III (MCMI - III), she showed elevated scores in dependent and anxiety traits. Treatment with Sertraline and psychotherapy yielded positive outcomes, emphasizing the importance of recognizing underlying personality disorders in patients with complex psychiatric profiles.*

**Keywords:** Dependent Personality Disorder, Comorbid Mental Illness, Psychotherapy, Sertraline

## 1. Introduction

This letter aims to highlight the clinical challenges and management strategies involved in treating a patient with Dependent Personality Disorder DPD and comorbid mental illnesses, emphasizing the need for comprehensive psychological assessment and individualized treatment plans. Dependent personality disorder is characterized by lack of self - confidence, a tendency to have others assume responsibility for significant areas of one's life, and a subordination of one's own needs and wishes to those of the others on whom one is dependent; solitude is extremely discomforting. <sup>[1]</sup> Adjustment disorder is maladaptive reaction to identifiable circumstances or life events that is expected to remit when the stress ceases. <sup>[2]</sup> In DSM - 5 TR, an adjustment disorder must resolve within 6 months of the termination of the stressor or its consequences. Dependency is the state of reliance on another, as for security, love, protection, or mothering. <sup>[2]</sup>

## 2. Case Details

A 34 - year - old woman from a low socioeconomic background, brought in by relatives for recent childlike behavior after being reprimanded by a family elder. She has a history of recurrent depressive disorders and has faced multiple personal difficulties in the past. There was long standing history for more than two decades in the form of multiple episodes of emotional breakdown and behavioral abnormality whenever faced with significant stress. She sought reassurance repeatedly, struggled with assuming responsible roles, and displayed excessive vulnerability and childlike behavior following familial rebuke. She was

admitted, later diagnosed as a case of multiple adjustment episodes with dependent personality disorder. Upon hospitalization, she exhibited irritability, neglect of selfcare, extreme dependence, excessive tearfulness, and disrupted bio drives.

### Diagnostic criteria:

This case study presents a patient with five out of eight DPD criteria, suggesting dependent personality disorder. As outlined in the DSM - 5 - TR, individuals with DPD have difficulty making everyday decisions without excessive advice and reassurance from others. They experience strong discomfort when alone due to fears of being unable to care for themselves and have an intense fear of abandonment, preoccupied with thoughts of being left to fend for themselves. Additionally, they urgently seek new relationships for care and support when a close relationship ends.

### Assessment Tools:

In MCMI - III inventory assessment, positive scores were seen in dependent, anxiety, post - traumatic stress disorder, thought disorder and major depression. In 16 - PF profile assessment, lowest score finding in less intelligent while highest score finding was in Dependent.

### Therapeutic interventions:

She was managed with antidepressants i. e. Tab Sertraline 25 mg and was titrated up to 75 mg in span of 10 days duration to get stabilization of the patient's fluctuating depressed mood and aspects of dependent personality traits were also addressed and managed with behavioral therapy and Assertiveness training. The patient was stabilized and discharged after she made arrangements to be picked up by

Volume 13 Issue 8, August 2024

Fully Refereed | Open Access | Double Blind Peer Reviewed Journal

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her husband, who has not seen her for the past 16 months and agreed to take care of himself.

### 3. Discussion

Personality disorders are known to develop or manifest in patients as comorbidity to other forms of mental illness. [1] When identified, personality disorder characteristics also serve to better support the advancement of clinical psychiatry with precise patient diagnosis. The treatment of adjustment disorder entails clarifying the meaning of the stress, developing a means to reduce the stress, and maximising the patient's coping skills. [3] According to Strain et al. research finding suggest that individuals with adjustment disorder have an increased risk of morbidity and mortality. Strain et al research also suggested that 39% of adult inpatients in general hospital with adjustment disorder had a personality disorder or association with personality traits. [4] Understanding the interplay between personality disorders and other mental health conditions can improve diagnostic accuracy and treatment outcomes, particularly in patients with complex psychiatric presentations.

### 4. Conclusion

This case highlights the need to have a high index of suspicion to look for underlying dependent personality traits in persons having multiple Adjustment issues in their life. In summary, this case underscores the complexities of diagnosing and treating Dependent Personality Disorder (DPD) in patients with comorbid mental illnesses. It highlights the importance of thorough psychological assessment and personalized therapeutic approaches to achieve favorable outcomes. Future research should focus on the development of specific guidelines for managing personality disorders alongside other psychiatric conditions.

#### Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal identity.

#### Financial support and sponsorship:

Nil

#### Conflict of Interest:

Nil

### References

- [1] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM - 5®).5th ed. Washington, DC: American Psychiatric Association Publishing; 2013.
- [2] Kaplan HI, Sadock BJ, Sadock VA, Ruiz P. Kaplan and Sadock's Comprehensive Textbook of Psychiatry.10th ed. Philadelphia: Wolters Kluwer; 2017.
- [3] Gur S, Hermesh H, Laufer N, Gogol M, Gross - Isseroff R. Adjustment disorder: a review of diagnostic pitfalls. *Isr Med Assoc J*.2005; 7: 726 - 31.

- [4] Strain JJ, Smith GC, Hammer JS, McKenzie DP, Blumenfield M, Muskin P, et al. adjustment disorder: a multisite study of its utilization and interventions in the consultation - liaison setting. *Gen Hosp Psychiatry*.1998; 20 (3): 139 - 49.