

Delusions

- Definition : Delusions are fixed, false beliefs that
- persist despite evidence to the contrary and that do not make sense within the context of an individual's cultural background.
- more often in middle-aged or older patients (after age 40).
- Population prevalence of DD: approximately 0.2%



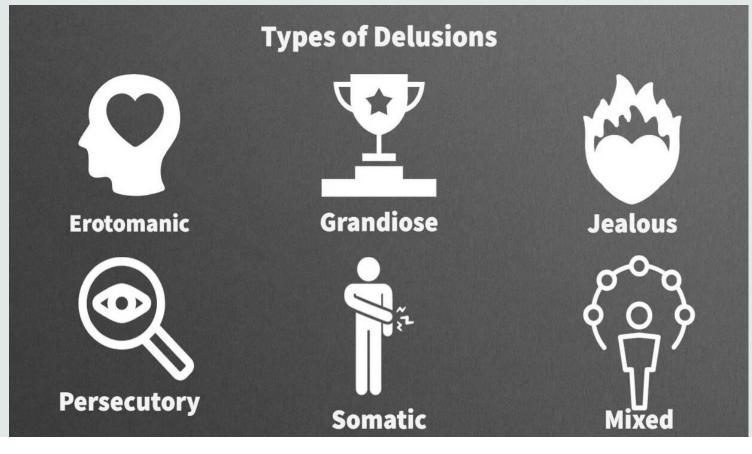
Classification

✓ Bizarre clearly not possible

✓ Non-Bizarre
Possible but incorrect



Delusional types



- Patients are further categorised based on the type of delusions they eperience:
- 1. Persecutory delusion
- 2. Grandiose delusions
- 3. Erotomaniac delusions
- 4. Somatic delusions
- 5. Delusions of guilt
- 6. Delusion of reference
- Delusions of control
- 8. Jealous type
- 9. Nihilistic delusion
- 10. Capgras delusions
- 11. Mixed type



Delusion of persecution/paranoid delusion

IRRATIONAL BELIEF THAT ONE IS BEING PERSECUTED.

EXAMPLE: "THE CIA IS AFTER ME AND TAPPED MY PHONE."

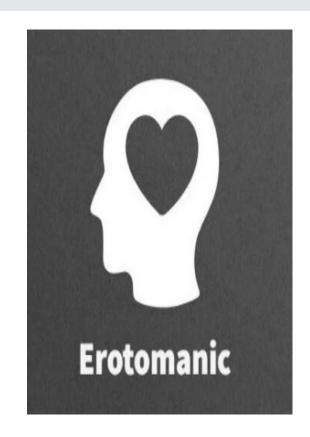
Grandiose delusions

- Delusions of having a great talent and has special powers beyond those of a normal person.
- They believe they have a special powers beyond those of a normal person
- Example: "I am a millionaire!"



Erotomaniac delusions (de clerambault's)

- A type pf Delusion that another person is in love with the individual.
- Usually this person is famous, not of the patient's social circle and not attainable.
- Example: "Angelina Jolie is in love with me!



Somatic Delusions

- Belief that one has a certain illness or health condition.
- Example: "There are worms in my chest!



Delusions of guilt

- Belief that one is guilty or responsible for something.
- Example: "I am responsible for all the world's wars



Delusion of reference

- Belief that cues in the external environment are uniquely related to the individual.
- Example: "The television news caster is talking about me!

A neutral event that you believe has a special and personal meaning.



Now here's a song...



Delusions of control

 Thought broadcasting: (belief that one's thoughts can be heard by others)

 Thought Insertion: (belief that outside thoughts are being placed in one's head)

 Thoughts Withdrawal :delusional belief that thoughts have been 'taken out' of the patient's mind, and the patient has no power over this.



Jealous type

 Patient beliefs that the one he loves is unfaithful and cheating on him, trying with every chance to prove this belief



Nihilistic delusion

FALSE FEELING THAT
SELF, OTHERS, OR THE
WORLD IS NONEXISTENT
OR ENDING (COTARD
SYNDROM)



did you know?

Capgras delusion is a disorder where someone becomes convinced that their loved one has been replaced by an identical imposter.



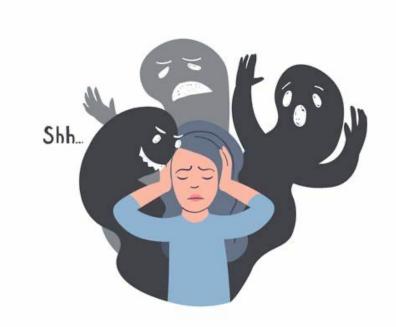
Capgras delusion

THIS IS THE BELIEF THAT A LOVED ONE LIKE A MOTHER OR SIBLING HAS BEEN REPLACED BY AN IMPOSTER.



Clinical features

- A. The presence of a non-bizarre delusion is the cardinal feature of this disorder .
- B.Other symptoms that might appear include:
- 1-An irritable, angry, or low mood
- 2-Hallucinations
- 3-Mood, Feelings, and Affect.
- 4-Insight



Diagnosis and DSM-5 Criteria

To be diagnosed with delusional disorder, the following criteria must be met:

Diagnosis

- One or more delusions for at least 1 month.
- Does not meet criteria for schizophrenia.
- Functioning in life not significantly impaired, and behavior not obviously bizarre.
- While delusions may be present in both delusional disorder and schizophrenia, there are important differences (see Table 3-1).

BLE 3-1. Schizophrenia versus Delusional Disorder

SCHIZOPHRENIA

- Bizarre or nonbizarre delusions
- Daily functioning significantly impaired
- Must have two or more of the following:
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Disorganized behavior
 - Negative symptoms

DELUSIONAL DISORDER

- Usually nonbizarre delusions
- Daily functioning not significantly impaire
- Does not meet the criteria for schizophren as described in the left column

	The prognosis of delusional disorder is better with treatment and medication compliance.
	Almost 50% of patients have a good response to medications.
	more than 20% of patients report a decrease in symptoms .
	less than 20% of patients report minimal to no change in symptoms.
Prognosis	A good prognosis is also related to:
<u>. 109110</u>	1) higher social and occupational functioning.
	2) early-onset before age 30 years.
	3) female.
	4) sudden onset of symptoms.
	5)short duration.
	Delusional disorder is typically a chronic (ongoing) condition, but when properly treated, many people with this disorder can find relief from their symptoms

1	Age of onset	Early (<30 years)	Late
2	Mode of onset	Acute	Chronic
3	Precipitating factor	Present	Absent
4	Sex	Female	Male
5	Marital status	Married	Unmarried
6	Duration of psychosis	<6 months	Longer duration before hospitalization
7	Diagnosis	Reactive paranoid psychosis	Absence of reactive factors
8	Content of delusion	Persecutory, jealousy	Grandeur, reference, somatic, primary, delusion of influence
9	Systematization of delusion	Poor systematization	Good systematization
10	Associated depressed mood	Present	Absent
11	Hallucination	Absent	Present
12	Emotional contact	Good	Poor
13	Response to treatment with	Good	Poor

Management & Treatment

1-PSYCHOTHERAPY:

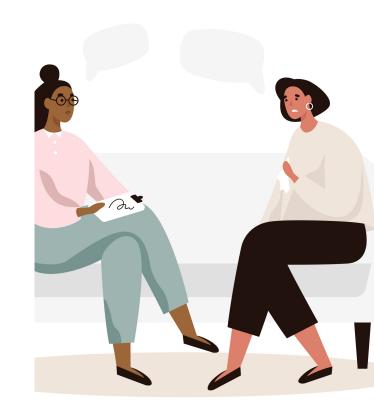
A good doctor-patient relationship is a key to treatment success.

2-HOSPITALIZATION

3-ELECTROCONVULSIVE THERAPY

4-COGNITIVE THERAPY:

helps the person learn to recognize and change thought patterns and behaviors that lead to troublesome feelings.



5-PHARMACOLOGICAL TREATMENT

