

A stylized graphic of a human head silhouette. The top part of the head is a light cream color, while the bottom part is a dark blue. The text 'DELUSIONAL DISORDERS' is centered in the cream-colored area. The background is split into light blue on the left and light pink on the right.

DELUSIONAL DISORDERS

OBJECTS

Definition

classification

Delusional types

Clinical features

Diagnosis

Prognosis

Treatment

الحمد لله الذي عافانا مما ابتلى به غيرنا
وفضّلنا على كثيرٍ ممن خلق تفضيلاً

DEFINITION

Delusions are false, fixed/ unshakable beliefs that cannot be corrected by reasoning and that do not align with a patient's intelligence, religious and cultural background { the person is not able to distinguish what is inside (thoughts) from what is outside (reality) }



CLASSIFICATION

Bizarre delusion : is something that could never happen in real life (not possible)

e.g; person may have delusion that all his internal organs have been taken out by someone

Aliens from another planet are coming to destroy the earth

Non bizarre delusion – involve situations that might occur in real life (possible but incorrect)

e.g. being followed, poisoned, infected, having a disease

DELUSIONS ACCORDING TO THE ONSET:

Primary delusions: are not occurring in response to another psychopathological form for e.g.: schizophrenia, psychotic illnesses

Secondary delusions: that are occurring secondary to other primary psychiatric conditions

DELUSIONAL TYPES ACCORDING TO CONTENTS :

1. Persecutory delusion
2. Grandiose delusion
3. Erotomaniac delusion
4. Somatic delusion
5. Delusions of guilt
6. Delusions of reference
7. Delusions of control
8. Jealous type
9. Nihilistic delusion
10. Capgras delusions
11. Delusions of infestation
12. Mixed type

What Is Delusion Disorder?

Types of Delusion



Delusion of persecution



Delusion of reference



Delusion of grandeur



Delusion of control



Delusion of jealousy



Erotomania or delusion of love



Somatic delusional disorder

DELUSION OF PERSECUTION/ PARANOID DELUSION

- The false belief that the someone is being singled out/ persecuted by others
- The most common delusion
- Example: “The CIA is after me and tapped my phone.”
- Seen in **schizophrenia, severe affective disorder and organic brain disorders**

المريض بكون معتقد إنه
مراقب من شخص أو جهة
معينة



GRANDIOSE DELUSIONS

- The false belief that one is a very powerful (beyond those of normal person) or important person or having a great talent
- Most commonly associated with manic psychosis in bipolar affective disorder

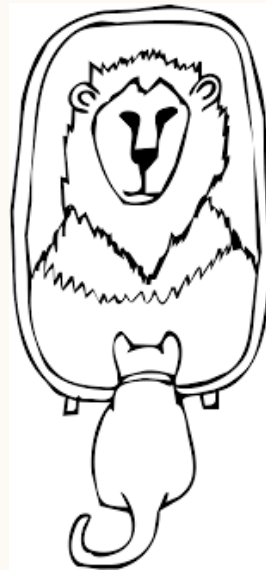
Example:

“I can live forever”

“I am millionaire”

“I can save the earth“

المريض بقول إنه عنده قوى
خارقة عن العادة
زي ما يحكي أنا المهدي
المنتظر ومن هذا الكلام
وغالبا بنشوفها في الذكور



EROTOMANIAC DELUSIONS

- A type of 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!"

بحكي إنه فلان الفلاني بحبني
مثلاً مغني مشهور عمل الحركة
الفلانية عشانه بحبني أو عشان
يوصل إلي رسالة وهكذا

SOMATIC DELUSIONS

- Belief that one has a certain illness or health condition (the body changing in an unusual way)

- Example:

“There are worms in my chest!

“David told that his brain was rotting away”



بفكر إنه في إشي دودة أو إشي
في جسمه أو صدره وهيك

DELUSIONS OF GUILT

- Belief that one is guilty or responsible for something (crime) and should be punished severely
 - Example: “I am responsible for all the world’s wars// patients with cancer
- Seen in depression



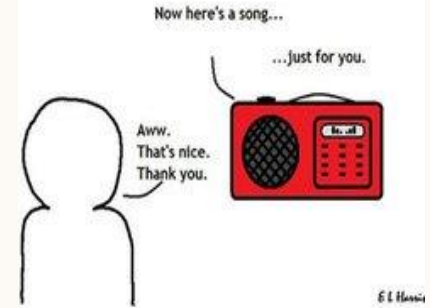
بحس حاله مذنب على إشي
هو ما عمله

DELUSION OF REFERENCE

- Belief that cues in the external environment (event, objects, actions of other people.....) are uniquely related to the individual .
- Example: “The television news caster is talking about me!

المريض بضله يحكي إنه في
ناس مثلاً قاصدينه
مبارح مثلاً الخبر الفلاني كتبوه
عني أو قصدوني فيه وهكذا

• Delusion of reference



بحكي مثلاً إنه إلي حواليه
بعرفوا أفكاره أو بتحكموا فيه

DELUSIONS OF CONTROL

- Thought broadcasting: (belief that one's thoughts can be heard by others)
- Thought Insertion: (belief that thoughts have been inserted into one's mind by an outside agency)
- Thoughts Withdrawal : belief that thoughts have been removed from the patient's mind by an outside agency (e.g.: “the devil takes my thoughts away and leave me empty”)



MORBID JEALOUSY (“DELUSION OF INFIDELITY”)

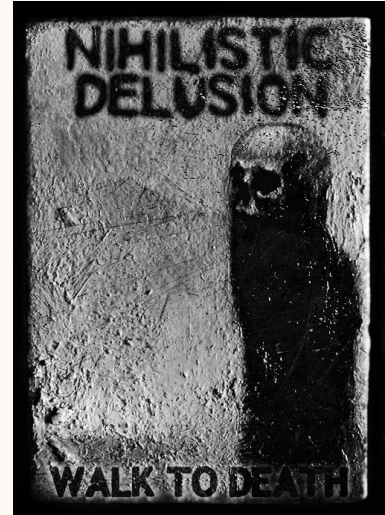
- Patient believes that the one's partner is unfaithful and cheating on him/her , trying with every chance to prove this belief

بكون شاك إنه مثلاً طرف
العلاقة الثاني بخونه

NIHILISTIC DELUSION

- False belief that the patients themselves ,others, or the world don't exist/ are not real (COTARD SYNDROM) → the patient believe that he or she lives in a shadow or limbo world or she/he is only spirit

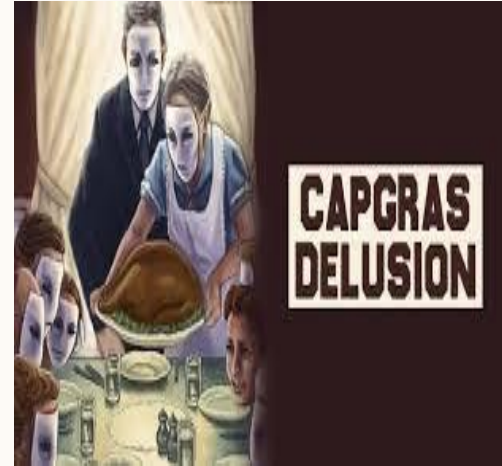
شعور بالعدم إنه مثلاً الشخص
مش موجود
أو إنه جزء منه رايح أو هيك



CAPGRAS' DELUSIONS

- False belief that the people around the individual (like his/her family) replaced by fakes / an imposter person

بفكر الأشخاص إلي حوالبه
 fake يعني بحكي إنهن نفس
 الوجوه بس شخص ثاني ناخذ
 fake شخصيتهم أو مثلاً هم
 وغيره



DELUSIONS OF INFESTATION

- A delusions belief that one's skin is infested with multiple, tiny mite like animals
- Rare type
- Seen in schizophrenia

مثلاً إذا المريض حكى إنه في حشرات بتاكلني من جوا وإنه فتضي من جوا وغيره هاي

Nihilistic diluseion

ولكن إذا حكى إنه في حشرات على جسمه وغيره فهون بكون
Delusion of infestation

إذا المريض حكى "أنا حاس" يعني إحساس بس هاي somatic
hallucination a

أما إذا حكى أنا متأكد يعني الفكرة بالنسبة إله ثابتة هاي



MIXED TYPE

- MORE THAN ONE OF THE ABOVE



Mixed type

**More than one of the
above**



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*

بكون **lack of insight**):

الدكتور حكي هاي criteria قديمة
حالياً ال criteria إلي بنستخدمها هي
DSM5

One or more delusion for at least
one month



يعني مش هلوسة حقيقة بتكون أشياء من جوا عقله مش إنه بسمع إشي

DIFFERENTIAL DIAGNOSIS

In OSD :

المريض يكون مقتنع إنه الفكرة غلط بس مش قادر
يسيطر عليها وهو كاره للفكرة بس من كُثر ما هي
مسيطرة عليها بصير عنده **compulsion**

بينما في حالة الـ **delusion**
يكون مصدقها تماما مية بالمية وغير قابلة إنها تتغير
بالنسبة إله يعني مستحيل تناقشه فيها

- OBSESSIVE-COMPULSIVE DISORDER: A PERSON WHO REMAINS CONVINCED THAT HIS/HER OBSESSIONS AND COMPULSIONS ARE TRUE CONVICTIONS, SHOULD BE GIVEN THE DIAGNOSIS OF OBSESSIVE-COMPULSIVE DISORDER WITH ABSENT INSIGHT.

- SCHIZOPHRENIFORM AND SCHIZOPHRENIA: THIS CAN BE DIFFERENTIATED FROM DELUSIONAL DISORDER BY THE PRESENCE OF OTHER SYMPTOMS OF THE ACTIVE PHASE OF SCHIZOPHRENIA.

- DELIRIUM/MAJOR NEUROCOGNITIVE DISORDER: CAN MIMIC DELUSIONAL DISORDER BUT DISTINGUISHED BASED ON THE CHRONOLOGY OF SYMPTOMS.

- DEPRESSION OR BIPOLAR DISORDER: DELUSIONS OCCUR WITH MOOD EPISODES. A DELUSIONAL DISORDER IS DIAGNOSED ONLY WHEN THE SPAN OF DELUSIONS EXCEEDS THE TOTAL DURATION OF MOOD SYMPTOMS.

إذا كان بس **delusion** بنحكي عنه **delusional disorder**
لو صار في أي عرض ثاني من **criteria A** للـ **schizophrenia**



DIAGNOSIS

مريض ال **delusion** يكون عادي
functioning في كل أمور حياته ولكن بس
تجبي معه بموضوع ال **delusion** إلي بتصير معه
بكون عنده مشكلة

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

- 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).



هذول المرضى ما بصير عندهم
Deterioration
بس هاي ال **delusion** بتأثر على ال **quality**
of life

TABLE 3-1. Schizophrenia versus Delusional Disorder

SCHIZOPHRENIA	DELUSIONAL DISORDER
<ul style="list-style-type: none">■ Bizarre or nonbizarre delusions■ Daily functioning significantly impaired■ Must have two or more of the following:<ul style="list-style-type: none">■ Delusions■ Hallucinations■ Disorganized speech■ Disorganized behavior■ Negative symptoms	<ul style="list-style-type: none">■ Usually nonbizarre delusions■ Daily functioning not significantly impaired■ Does not meet the criteria for schizophrenia, as described in the left column



Prognosis

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.

A good prognosis is also related to:

- i. higher social and occupational functioning.
- ii. early-onset before age 30 years.
- iii. female.
- iv. sudden onset of symptoms.
- iv. 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

Treatment

Difficult to treat, especially given the lack of insight and impairment.
Supportive therapy is often helpful.

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

2- HOSPITALIZATION: may be needed if the doctor believes that patients are dangerous.

3- ELECTROCONVULSIVE THERAPY

4- COGNITIVE THERAPY: helps the person learn to recognize and change thought

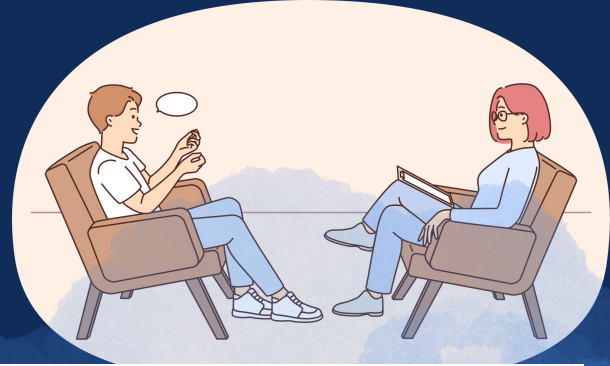
patterns and behaviors that lead to troublesome feelings.

5- PHARMACOLOGICAL TREATMENT: Antipsychotic drugs are not generally used but

are sometimes effective in reducing symptoms

A long-term treatment goal is to shift the person's focus away from the delusion to a

more constructive and gratifying area, although this goal is frequently difficult to achieve.



لازم نفرق بين نوعين من ال **delusional disorders**

في نوع إلي هو ال **share delusion**

زي المثال إلي حكي عنه الدكتور إنه في حدا بجي بحكي القروب الثاني

حاقد عليكو

فهون العلاج نشيل ال **source** ناع ال **delusion** ونعمل للباقي

psychotherapy

بس إلي يجي ب **delusion of infidelity** مثلاً هون لازم نعطيه

ال **antipsychotics** وبعد ما يتحسن شوية بنعمل إله

psychotherapy

THANKYOU