



**DELUSIONAL  
DISORDERS**

# OBJECTS

Definition

classification

Delusional types

Clinical features

Diagnosis

Prognosis

Treatment

## DEFINITION

Delusions are false, fixed/ unshakable beliefs that cannot be corrected by reasoning and that do not correspond 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



# 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 “



# 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!"

# 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”



# DELUSIONS OF GUILT

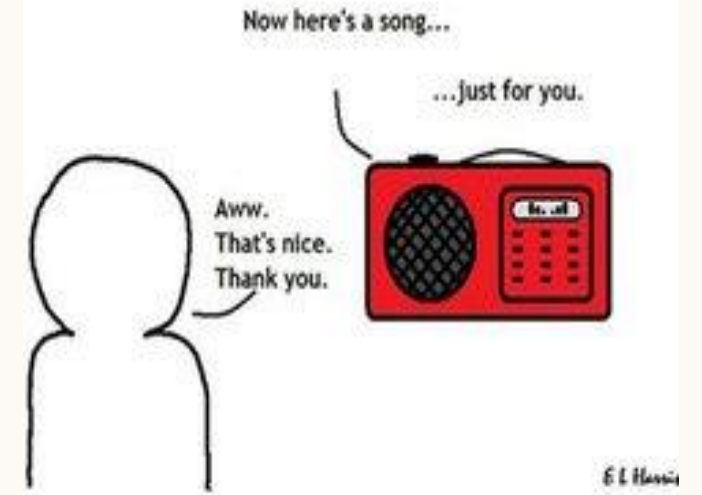
- Belief that one is guilty or responsible for something (crime) and should be punished severely
  - Example: “I am responsible for all the world’s wars// patients with cancer
- Seen in depression



# 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!

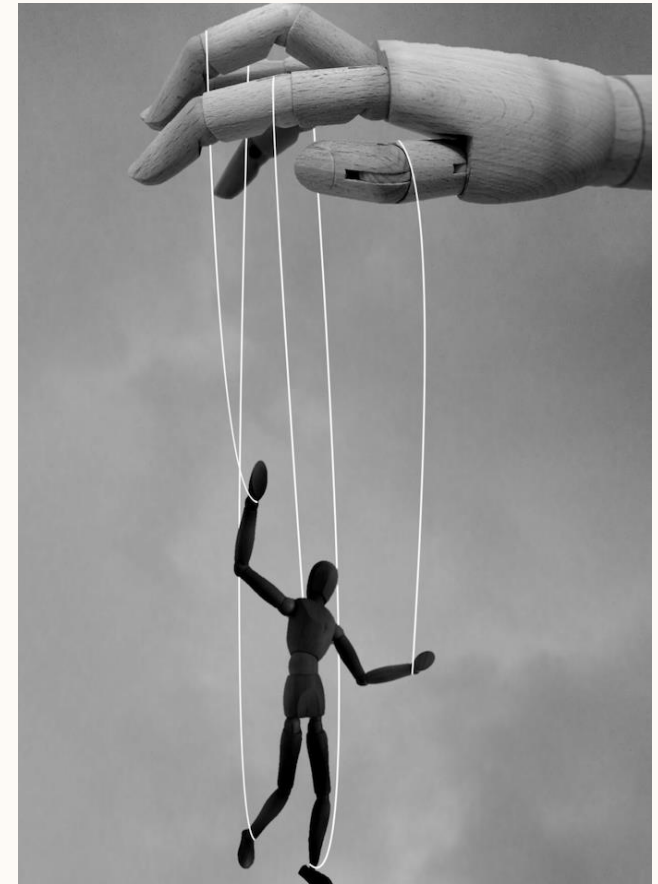
## • Delusion of reference





# 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”)

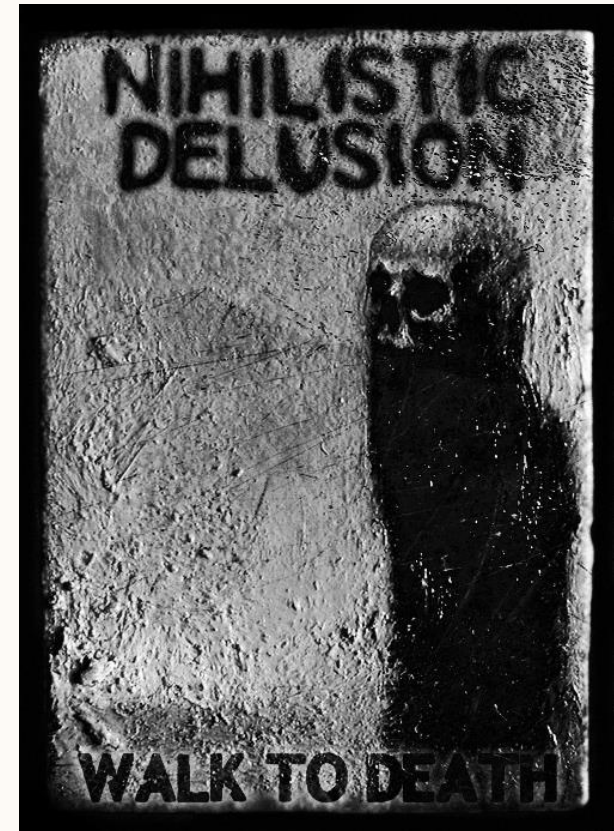


# **MORBID JEALOUSY (“DELUSION OF INFIDELITY”)**

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

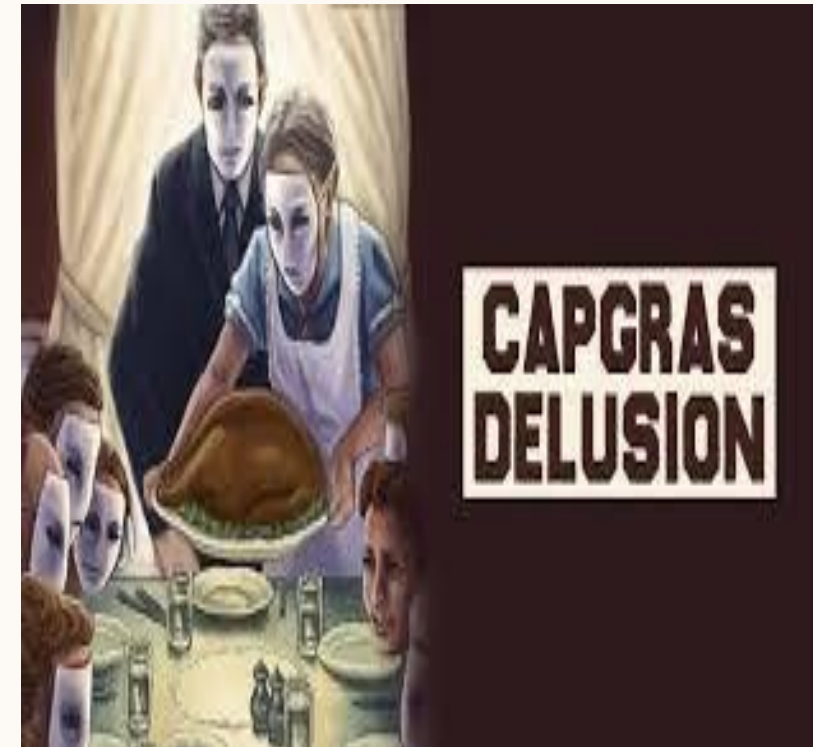
# NIHILISTIC DELUSION

- 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



# CAPGRAS' DELUSIONS

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



# DELUSIONS OF INFESTATION

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



# 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*





# DIFFERENTIAL DIAGNOSIS

- **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.





# DIAGNOSIS

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

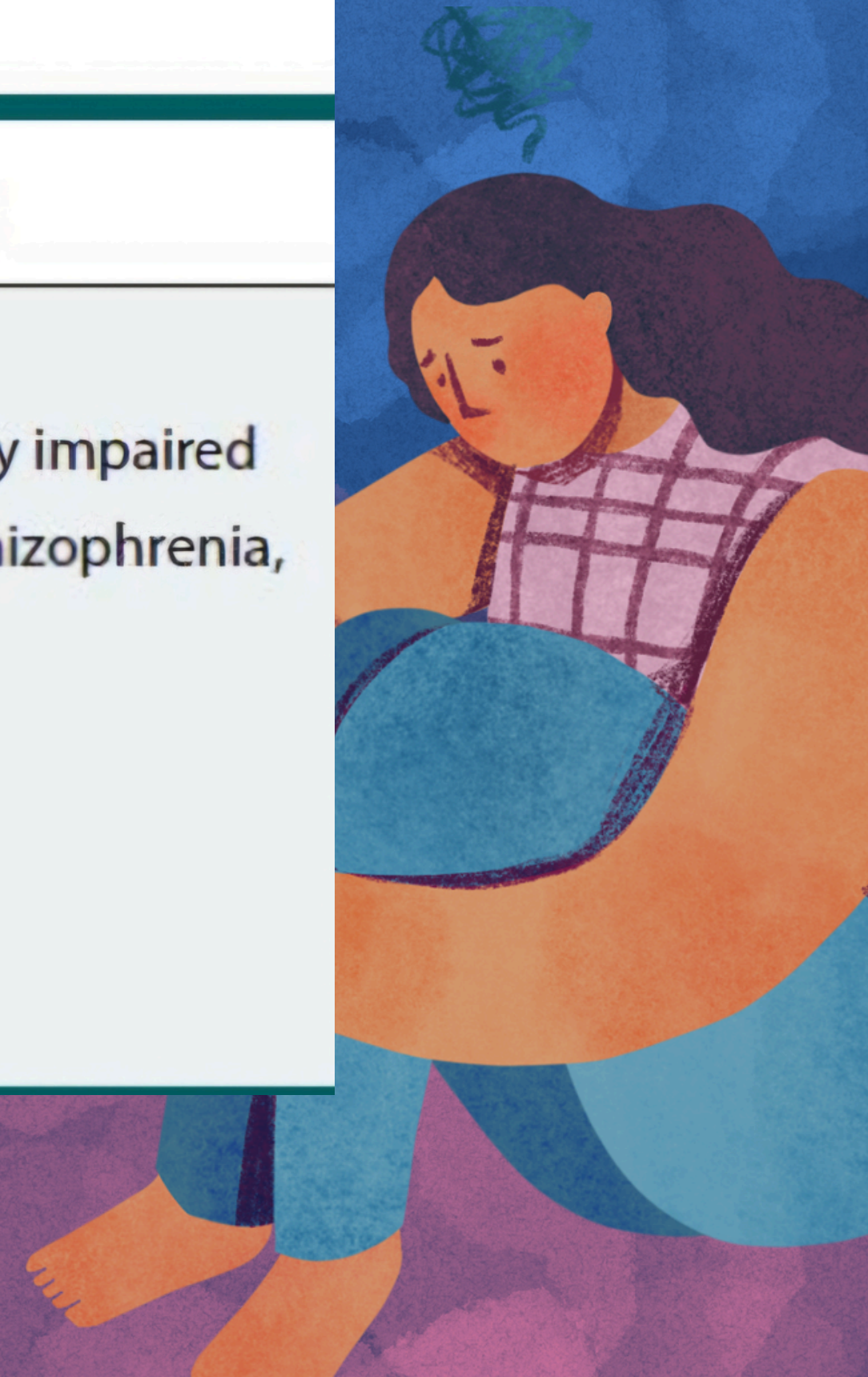
- One or more delusions for at least 1 month.
- Does not meet criteria for schizophrenia.
- Functioning in life not significantly impaired, and behavior not obviously bizarre.
  - While delusions may be present in both delusional disorder and schizophrenia, there are important differences (see Table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





**TABLE 3-1. Schizophrenia versus Delusional Disorder**

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





# 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.



THANK YOU