DSM Criteria

• A. Presence of one or more non-bizarre delusions that persist for at least one month
• B. Diagnosis of Delusional Disorder is not given if person has had symptom presentation that met criterion A for Schizophrenia
• C. Apart from the direct impact of the delusion, psychosocial functioning is not markedly impaired and behavior is neither obviously odd nor bizarre
• D. If mood episodes occur concurrently with delusions, the total duration of these mood episodes is relatively brief compared to the total duration of the delusional periods
• E. Delusions are not due to the direct physiological effects of substance or general medical condition
Subtypes

- **Erotomanic type** - central theme of the delusion is that another person is in love with the individual.
- **Grandiose type** - central theme of the delusion is the conviction of having some great (unrecognized) talent or insight or having made an important discovery.
- **Jealous type** - central theme of the delusion is that his or her spouse or lover is unfaithful.
- **Persecutory type** - central theme of the delusion involves person’s belief that he or she is being conspired against, cheated, spied on, followed, etc.
- **Somatic type** - central theme of delusion involves bodily functions or sensations.
- **Mixed type** - when no one delusional theme predominates.
- **Unspecified type** - when the dominant delusional belief cannot be clearly determined or is not described in the specific types.
Treatments for Delusional Disorder

- Medication

- Cognitive Behavioral Therapy
Medications

• Antipsychotic meds are frequently used
• Two types of antipsychotics:
  • Second generation (Atypical)
  • First Generation (Conventional/typical)
Atypical Antipsychotics

- Drugs approved by the FDA:
  - Clozapine
  - Zyprexa
  - Risperdal
  - Seroquel
  - Abilify
- Atypicals effective at managing hallucinations, delusions, loss of motivation and lack of emotion
- Lack extra-pyramidal symptoms that create involuntary body movements
- Side effects of these drugs include:
  - Weight gain, high cholesterol and diabetes
Abilify Study

• In 2008, researchers in Japan wanted to determine if Abilify was successful in treating delusional disorder.
• After two months, participant experienced reductions in delusions
  • Developed Parkinsonism
  • Decreased to 6mg
  • Developed slight akathisia
  • Decreased to 3mg
  • Gained insight into her delusions
  • No other side effects witnessed
Risperdal Study

• Study conducted in 2002 by Fear and Libretto
• Original study had four participants, but three dropped out
• Given 1mg of Risperdal
  • Continued for two weeks
• Increased to 2 mg
• Incidents of persecution were completely gone after 24 weeks of treatment
Typical antipsychotics

- Haldol
- Thorazine
- Trilafon

Equally effective in controlling delusions and hallucinations

Side effects are more serious:

- Involuntary movements of the face, tongue, limbs and hands (tardive dyskinesia)

- Cheaper than atypical meds
In 2006, Manschreck & Khan attempted to analyze research articles regarding delusional disorder and treatment. 

Majority of the participants had persecutory type

Results determined:

- Second generation meds (atypicals) have greatly changed the way delusional disorder is treated
- Many participants are also currently treated with anti-depressants and anti-psychotic meds
- Patients constantly receive more than one antipsychotic med over the course of their illness
- Treatment usually is a combination of CBT and concomitant anti-psychotic meds

- 93% of all patients on anti-psychotics showed improvement or full recovery
Antidepressants?!

- In 2004 researchers in Japan used Paxil to treat delusional disorder, somatic type.
- Given 10mg a day for the first 7 days
- Increased to 20mg a day on day 8
- On day 22, delusions began to decrease
- Day 53-delusions were completely gone
CBT

- Enables the recipient to establish links between thoughts, feelings and actions
- Helps monitor behavior and develop alternative ways of coping
- The goal is a correction of misperceptions, irrational beliefs and reasoning biases
- Provides client with safe place to express his or her delusions.
CBT

- 1996 study by Turkington and John
- N= 4 participants with drug resistant delusional disorder
- Each participant evaluated pre-therapy, after their 8 sessions and at their 1 year follow up using Global Scale of Delusional Severity
- Results
  - Decrease for all participants in delusional severity and belief conviction
  - Symptoms continued to reduce at one year check up
  - Decrease in delusional severity remained stable
CBT

- In 2007, study was completed to determine if CBT was more effective than an attention placebo group
  - Random assignment was used to place participants into CBT or AP group
  - Both groups received personalized weekly meetings with psychologists specializing in CBT.
- Results
  - Both groups had increased ability to control actions and communications related to the belief.
  - CBT showed improvements with depression and self-esteem.
  - CBT also showed a greater change in the cognitive components that are active in maintenance of DD
    - ability to challenge belief
    - modify strength of belief,
    - and act against the belief
Cultural Aspect

- 2008 study in Denmark
- 1437 participants aged 60 and older
- 77% of participants were female.
- Risk of getting dementia diagnosis is at its highest in the first 6 months after a diagnosis of delusional disorder.
- Patients with very late first-contact delusional disorder were 8.14 times more likely to develop dementia compared to the general population.
James is a 19-year-old man with a 5 year history of delusional disorder. At 14 years, when he was experiencing the onset of puberty, he developed the delusion that he smelled of urine, and just prior to therapy, this developed into the belief that he smelled of urine, feces and sweat. James described a happy childhood until the time his delusion began, relating that while at school he had been told that he had body odor, and that some of the other children occasionally shied away from him as though he might have smelled, however this had not occurred for some time. Since the development of his delusion, James had no social life outside school apart from occasional visits to the gymnasium with one friend.
Test Questions

1. Describe two treatment options used to treat Delusional Disorder.

2. Discuss reasons why many studies have low sample sizes in the U.S.
Recommended readings

- [http://psychcentral.com/disorders/sx11t.htm](http://psychcentral.com/disorders/sx11t.htm)
  Website discusses treatment options for Delusional Disorder

  Website discusses different types of meds used to treat Delusional Disorder.
References

  *Manual helps to identify and diagnosis specific mental disorders.*

  *Article discusses the use of Risperidone in the treatment of delusional disorder. Risperidone appears to be effective in decreasing delusions, but the study uses a small sample size.*

  *Article discusses the use of Paxil in treating delusional disorder, somatic type. Paxil appears to work well in treating this subtype of delusional disorder.*

  *Website provides valuable information on atypical and typical meds.*
References continued

  Article examines link between being diagnosed with delusional disorder later in life and developing dementia.

  Meta-analyses on how effective atypical drugs are in treating Delusional Disorders. According to the article, atypical drugs are especially effective in treating Delusional Disorders without hazardous side effects.

  Article discusses the use of Risperidone in the treatment of delusional disorder. Risperidone appears to be effective in decreasing delusions, but the study uses a small sample size.

  Article examines the benefit of using CBT along with medication to treat Delusional Disorder.
References continued


Article discusses **using CBT to help violent people with delusional disorder calm down and become more socially appropriate.**


Article discusses the treatment of CBT on four individuals who have been resistant to medication to treat Delusional Disorder. All participants showed tremendous improvement with the use of CBT.