

Delusional Disorder



Delusional disorder

Introduction

Delusional disorder, previously called paranoid disorder, is a type of serious mental illness called a “psycho-sis” in which a person cannot tell what is real from what is imagined. The main feature of this disorder is the presence of delusions, which are unshakable beliefs in something untrue. People with delusional disorder experience non-bizarre delusions, which involve situations that could occur in real life, such as being followed, poisoned, deceived, conspired against, or loved from a distance. These delusions usually involve the misinterpretation of perceptions or experiences. In reality, however, the situations are either not true at all or highly exaggerated.

People with delusional disorder often can continue to socialize and function normally, apart from the subject of their delusion, and generally do not behave in an obviously odd or bizarre manner. This is unlike people with other psychotic disorders, who also might have delusions as a symptom of their disorder. In some cases, however, people with delusional disorder might become so preoccupied with their delusions that their lives are disrupted.

Types of delusional disorders include: Erotomanic, Grandiose, Jealous, Presecutory, Somatic, and Mixed.

Overview and facts

Delusional disorder itself is rather rare but delusions might be a symptom of more common disorders, such as schizophrenia. Delusional disorder most often occurs in middle to late life and is slightly more common in women than in men.

Symptoms

The presence of non-bizarre delusions is the most obvious symptom of this disorder.

Other symptoms that might appear include:

- An irritable, angry, or low mood
- Hallucinations (seeing, hearing, or feeling things that are not really there) that are related to the delusion (For example, a person who believes he or she has an odor problem may smell a bad odor.)

People with delusional disorder might become depressed, often as the result of difficulties associated with the delusions. Acting on the delusions also can lead to violence or legal problems; for example, a person with an erotomanic delusion who stalks or harasses the object of his or her delusion, could lead to arrest. Further, people with this disorder can eventually become alienated from others, especially if their delusions interfere with or damage their relationship.

Causes and Risk Factors

As with many other psychotic disorders, the exact cause of delusional disorder is not yet known. Researchers are, however, looking at the role of various genetic, biological, and environmental or psychological factors.

- **Genetic:** The fact that delusional disorder is more common in people who have family members with delusional disorder or schizophrenia suggests that there might be a generic factor involved. It is believed that, as with other mental disorders, a tendency to develop delusional disorder might be passed on from parents to their children.
- **Biological:** Researchers are studying how abnormalities of certain areas of the brain might be involved in the development of delusional disorders. An imbalance of certain chemicals in the brain, called neurotransmitters, also has been linked to the formation of delusional symptoms. Neurotransmitters are substances that help nerve cells in the brain send messages to each other. An imbalance in these chemicals can interfere with the transmission of messages, leading to symptoms.
- **Environmental/psychological:** Evidence suggests that delusional disorder can be triggered by stress.
- **Alcohol and drug abuse:** also might contribute to the condition. People who tend to be isolated, such as immigrants or those with poor sight and hearing, appear to be more vulnerable to developing delusional disorder.

Test and Diagnosis

If symptoms are present, your doctor will perform a complete medical history and physical examination. Although there are no laboratory tests to specifically diagnose delusional disorder, the doctor might use various diagnostic tests, such as X-rays or blood tests, to rule out physical illness as the cause of the symptoms.

If the doctor finds no physical reason for the symptoms, he or she might refer the person to a psychiatrist or psychologist, health care professionals who are specially trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a psychotic disorder. The doctor or therapist bases his or her diagnosis on the person's report of symptoms, and his or her observation of the person's attitude and behavior. The doctor or therapist then determines if the person's symptoms point to a specific disorder. A diagnosis of delusional disorder is made if a person has non-bizarre delusions for at least one month and does not have the characteristic symptoms of other psychotic disorders, such as schizophrenia.

Treatment

Treatment for delusional disorder most often includes medication and psychotherapy. Delusional disorder is highly resistant to treatment with medication alone. Psychotherapy is the primary treatment for delusional disorder, including psychosocial treatment which can help with the behavioral and psychological problems associated with delusional disorder.

Through therapy, patients also can learn to control their symptoms, identify early warning signs of relapse, and develop a relapse prevention plan. Psychosocial therapies include the following:

- **Individual psychotherapy:** Can help the person recognize and correct the underlying thinking that has become distorted.
- **Cognitive-behavioral therapy (CBT):** Can help the person learn to recognize and change thought patterns and behaviors that lead to troublesome feelings.
- **Family therapy:** Can help families deal more effectively with a loved one who has delusional disorder, enabling them to contribute to a better outcome for the person.
- **Conventional anti-psychotics:** Also called neuroleptics, these have been used to treat mental disorders since the mid-1950s. They work by blocking dopamine receptors in the brain. Dopamine is a neurotransmitter believed to be involved in the development of delusions.
- **Atypical anti-psychotics:** These newer medications appear to be more effective in treating the symptoms of delusional disorder. These medications work by blocking dopamine and serotonin receptors in the brain. Serotonin is another neurotransmitter believed to be involved in delusional disorder.
- **Other medications:** Tranquilizers and anti-depressants might also be used to treat delusional disorder. Tranquilizers might be used if the person has a very high level of anxiety and/or problems sleeping. Anti-depressants might be used to treat depression, which often occurs in people with delusional disorder.

People with severe symptoms or who are at risk of hurting themselves or others might need to be hospitalized until the condition is stabilize

The outlook for people with delusional disorder varies depending on the person, the type of delusional disorder, and the person's life circumstances, including the availability of support and a willingness to stick with treatment.

Delusional disorder is typically a chronic (ongoing) condition, but when properly treated, many people with this disorder can find relief from their symptoms. Some people recover completely and others experience episodes of delusional beliefs with periods of remission (lack of symptoms)

Unfortunately, many people with this disorder do not seek help. It often is difficult for people with a mental disorder to recognize that they are not well. They also might be too embarrassed or afraid to seek treatment. Without treatment, delusional disorder can be a life-long illness.

There is no known way to prevent delusional disorder. However, early diagnosis and treatment can help decrease the disruption to the person's life, family and friendships.

Sources and Links

www.webmd.com