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Case Report

The hidden struggle: Recognizing and treating delusional disorder

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Abstract

Delusional disorder is a rare and often misunderstood psychiatric condition characterized by persistent, non-bizarre delusions that lack significant hallucinations or cognitive impairment. Unlike schizophrenia, individuals with delusional disorder maintain relatively normal functioning aside from their fixed false beliefs, which can center on themes such as persecution, jealousy, grandiosity, or somatic concerns. The disorder presents diagnostic challenges due to its subtle onset and the resistance of affected individuals to seeking treatment. This article explores the etiology, symptomatology, diagnostic criteria, and treatment approaches for delusional disorder, including pharmacological and psychotherapeutic interventions. Given the impact of delusions on personal and social relationships, early recognition and tailored management strategies are crucial for improving patient outcomes. Future research is needed to enhance understanding of its neurobiological underpinnings and develop more effective treatment modalities.

Keywords: Delusional disorder, Grandiose delusions, Erotomanic delusions, Mental health, Psycotherapy.

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1. Introduction

Delusional disorder is a rare and chronic mental health condition characterized by the presence of fixed, false beliefs that persist despite clear evidence to the contrary. Unlike schizophrenia, delusional disorder does not typically involve significant hallucinations, disorganized thinking, or severe cognitive impairment. Individuals with this condition often function well in daily life, except in areas affected by their delusions.

The delusions experienced in this disorder are usually non-bizarre, meaning they involve situations that could occur in real life, such as being persecuted, loved from afar, suffering from an illness, or possessing extraordinary abilities. These beliefs can lead to significant distress, strained relationships, and impaired social or occupational functioning.

Despite its impact, delusional disorder is often underdiagnosed due to its subtle presentation and the reluctance of individuals to seek help. The exact cause remains unclear, but a combination of genetic, neurobiological, and environmental factors is believed to contribute to its development.

This article explores the symptoms, subtypes, causes, and treatment approaches for delusional disorder, highlighting the importance of early identification and intervention to improve outcomes for affected individuals.

2. Objectives

1. To describe the clinical presentation of a patient diagnosed with delusional disorder, including the nature and content of delusions.
2. To explore the diagnostic process, including differential diagnoses and the use of DSM-5 criteria in confirming delusional disorder.
3. To examine the patient's insight, functioning, and psychosocial background in relation to the development and maintenance of delusional beliefs.
4. To outline the treatment approach, including pharmacological and psychotherapeutic interventions, and assess the patient's response to treatment.

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5. To highlight the challenges in diagnosis and management, particularly regarding treatment adherence and therapeutic alliance.
6. To contribute to the existing literature on delusional disorder by presenting a unique or illustrative case that can inform clinical practice and education.

3. Need for the Study

Delusional disorder is a relatively uncommon but clinically significant psychiatric condition that often goes underrecognized due to its subtle presentation and the preserved functioning seen in many patients. Unlike other psychotic disorders, individuals with delusional disorder may not exhibit overt disorganization or hallucinations, making diagnosis and treatment particularly challenging. Given the complexity of differentiating, it from other psychiatric or neurological conditions, especially in cases with overlapping symptoms, there is a pressing need to enhance clinical understanding through detailed case analysis.

This study aims to address the gap in the literature by presenting a comprehensive case that illustrates the diagnostic process, symptomatology, and therapeutic approach in delusional disorder. By examining a real-life scenario, the study provides valuable insights for mental health professionals, enhances diagnostic accuracy, and promotes effective management strategies. Furthermore, such case-based evidence contributes to the ongoing discourse on psychotic spectrum disorders and supports the development of more tailored, empathetic interventions.

4. Case Report

Name	XYZ
Age	33 years
Sex	Male
Religion	Islam
Ip No	IPD/2023/008346
Marital Status	Unmarried
Education	12th Standard
Occupation	Nil
Address	XYZ
Date of Admission	10-05-23
Date of Discharge	13-05-23
Informant	Patient, Patient's Mother
Ward	open ward (male)
Languages known	Kashmiri, Urdu
Diagnosis	Delusional Disorder

4.1. Present Chief Complaints

33-year-old unmarried Muslim male, 12th pass, Socio-occupationally dysfunctional for 1 year, Resident of XYZ. Brought by family with chief complaints of:

1. Wandering behavior
2. Aggression
3. Suspiciousness
4. Decreased interaction with exacerbation for 15 days.

1. History of Present Illness:

The patient has been previously treated as Cluster 'A' with Psychosis. Received Tab Amisulpride 100mg and showed improvement.

Precipitating factor: Non-compliance to treatment due to poor insight into the illness.

The patient has been non-compliant for 1 1/2 months.

1. Treatment History:
   a. Inj Serenace 1 amp
   b. Inj Phenergan 1 amp
   c. Inj Oliza 1 amp BT
   d. Inj Lopez 1 amp BT
   e. Tab Riswave 2mg BT
2. Past Psychiatric and Medical History:
   a. 1 year back, the patient was brought to IMHANS with the chief complaints of aggression and homicidal threats for 1 day (09/09/22).
   b. The patient was socially withdrawn and remained aloof for 6 months.
   c. On treatment, the patient showed signs of improvement until the non-compliance 1 ½ months back.
3. Family history:
   a. The patient's family denies any psychiatric illness running in their family.
   b. Patient's both parents are suffering from T2DM.

4. Personal history:
   a. Since childhood, the patient has been a bright student but left his studies in the 12th grade with the intention of making money.
   b. He started doing business and was very accomplished in that until he suffered a hefty loss (10 Lacs) while investing in some property.
   c. According to the patient's mother, XYZ has always been over-ambitious.
5. Prenatal history:
   a. Full term normal delivery.
   b. No history of maternal infections, birth defects, etc.
6. Childhood History:
   a. Primary Caregiver: Mother
   b. Feeding: Breastfed
   c. Developmental milestones: achieved normally
   d. Behavioral & emotional: Over ambitious
7. Educational history: 12th Grade
8. Play history: Cricket
9. Occupational history: Currently unemployed. Business man before.
10. Sexual and marital history: Unmarried

11. Diet: Mixed diet
12. Hygiene: Appropriate
13. Mental Status Examination:
    a. Appearance: Middle-aged male with average build looking one's age. Dressed according to weather and culture.
    b. Facial expression: Makes eye contact, but does not maintain eye contact.
    c. Level of grooming: Normal
    d. Level of cleanliness: Adequate
    e. Level of consciousness: Fully conscious
    f. Mode of entry: Brought in by family
    g. Attitude: Guarded
    h. Posture: Sitting comfortably on the bed.
    i. Rapport: established with difficulty.
14. Speech:
    a. Coherent and relevant.
    b. Decreased tone and volume.
    c. Normal rate.
    d. Increased reaction time.
15. Mood: "Thik hai"
16. Affect:
    a. Anxious.
    b. Incongruent to mood.
    c. Range-restricted.
    d. Reactivity - absent.
    e. Dysphoric.
17. Thoughts:
    a. Stream: Retarded flow of thoughts.
    b. Content:
       Delusion of persecution (against neighbors and people of society).
       Delusion of love (erotomania).
    c. Possession: Preoccupied with thoughts of marrying a girl of his choice.
18. Perception: Denies any abnormal perception.
19. Cognitive Functions:
    a. Orientation: Oriented to time, place and person.
    b. Attention and Concentration: Arousable but not sustained.
    c. Memory:
       i. Immediate -> Intact
       ii. Recent -> Intact
       iii. Remote -> Impaired
20. Judgement:
    a. Personal -> Impaired
    b. Social -> Impaired
    c. Test -> Intact
    d. Abstract: Functional thinking.
    e. Insight: G1 (Complete denial of illness)
21. Diagnostic Formulation:
    a. Delusional Disorder
22. Physical Examination:
    a. Head:
       i. Position: Normal
       ii. Size: Normal
       iii. Symmetry: Symmetrical
23. Hair and Scalp:
    a. Quantity: Thick
    b. Distribution: Evenly distributed
    c. Dandruff: Absent
    d. Lesions on Scalp: Absent
24. Face:
    a. Shape: Round
    b. Symmetry: Symmetrical
    c. Involuntary movements: Absent
25. Eyes:
    a. Eyebrows: Normal
    b. Eyelashes: Normal
    c. Alignment: Well, aligned
    d. Eyelids: Normal
    e. Glasses: None
26. Ears:
    a. Colour: Brownish
    b. Size: Normal
    c. Angle of attachment: Normal
27. Nose:
    a. Symmetry: Symmetrical
    b. Discharge: Not present
28. Throat:
    a. Symmetry: Symmetrical
    b. Color of lips: Brownish
    c. Buccal Mucosa: Normal, Moist tongue
    d. Teeth: No cavities
29. Neck:
    a. Range of Motion: Normal movements
    b. Lymph Nodes: No swelling
30. Vital Signs:
    a. Blood Pressure (BP): 100/60 mmHg
    b. Pulse Rate (PR): 110 beats per minute (bpm)
    c. Oxygen Saturation (SpO2): 93%
    d. Temperature: 97.1°F
31. Laboratory Investigations:
    a. Biochemistry Report

Table 1:

Investigation	Result	Reference Range
Blood Sugar	114 mg/dL	Fasting: 60-110 mg/dL Post Prandial: up to 140 mg/dL
Blood Urea	23 mg/dL	10-45 mg/dL
Serum Creatinine	1.0 mg/dL	Male: 0.6-1.2 mg/dL Female: 0.5-1.1 mg/dL

Table 2: Complete blood count (cbc) results

Investigation	Result
WBC	6.2
LYM%	30.2
MON%	4.4

GRA%	65.4
RBC	5.22
HGB	13.8
HCT	44.9
MCV	86
MCH	26.5
PLT	181
MPV	7.9

1. Disease: delusional disorder

Definition: A delusional disorder is a condition where a person, usually middle-aged or older, develops an insidious onset of long-standing, non-bizarre delusions. In simple terms, these are false, fixed, and unshakable beliefs. Unlike in schizophrenia, auditory and visual hallucinations are not prominent.

2. Types of delusional disorders
   a. Persecutory Delusional Disorder: The individual believes he/she is being persecuted (tortured), despite a lack of evidence. The individual thinks that harm is occurring or is going to occur.
   b. Grandiose Delusional Disorder: The individual is convinced that he has a great talent or special religious powers or a special relationship with a prominent person.
   c. Erotomaniac (or Delusion of love) Delusional Disorder: The central theme of erotomania is that another person of a higher status is in love with the individual, but is usually unable to demonstrate the love because of certain obstacles in their lives.
   d. Jealous Delusional Disorder: The central theme revolves around the delusion of infidelity of the spouse or partner.
   e. Somatic Delusional Disorder: The central theme in somatic delusional disorder is that of the conviction that the individual emits a foul odor from the mouth, skin and genitalia; or that the parts of the body are misshapen or ugly; or that there are parasites on the body.
   f. Costard's (Nihilistic) Delusion or Syndrome:

A patient believes that he/she does not have one or more organs, or that himself or everybody in the world is dead or reduced to nothing, being able to judge himself a zombie.

3. Incidence:

Delusional Disorder most often occurs in middle to late life.

Although delusions might be a symptom of more common disorders such as Schizophrenia, Delusional Disorder itself is rather rare. Approximately 0.05-0.1% of the adult population has Delusional Disorder.

Table 3: Etiology

Book Picture	Patient Picture
Genetic factors Imbalance in Neurotransmitters Environmental and Psychological factors (Social isolation, envy, distrust, suspicion)	Stress Social isolation Distrust Suspicion

Table 4: Clinical manifestations

Book Picture	Patient Picture
Persecutory Delusion Grandiose Delusion Erotomania Anger and Violent Behaviour Anxiety and Depression Feelings of being exploited	Persecutory Delusion (Against Neighbours and Society) Delusion of Love Wandering Behaviour Aggression Decreased Interaction Suspiciousness

Table 5: Investigations and diagnoses

Book Picture	Patient Picture
Imaging tests, urine drug test, and blood tests to rule out other things causing symptoms MSE History Taking	Blood Tests MSE History Taking

Table 6: Treatment

Book Picture	Patient Picture
Psychotherapy Typical antipsychotics Atypical antipsychotics Anxiolytics and antidepressan	Risperidone (Atypical) Loxapine (Anxiolytic)

1. Nursing Management:
   a. Nursing Assessment:
      i. Subjective Data: 33-year-old unmarried male with complaints of wandering behavior, aggression, suspiciousness and decreased interaction.
      ii. Objective Data:

Guarded attitude
Doesn't maintain eye contact
Anxious
BP: 90/60 mmHg
HR: 106 bpm
SpO2: 94%
T: 97.6°F

Table 7: Nursing Care Plan

Nursing Diagnosis	Goal	Nursing Interventions	Evaluation
Disturbed Thought Processes related to disorganized thinking as evidenced by delusions, impaired judgment and distractibility	Demonstrate decreased anxiety level/ reduction of delusional thoughts if persistent	Recognized the client's delusions as the client's perception of the environment. Encouraged the client to talk. Avoided vague remarks	Anxiety level was decreased slowly
Impaired Social Interaction related to delusional thinking as evidenced by poor interpersonal relationships and difficulty with verbal communication	To engage in social interaction	Supported and reinforced interactions with staff members and other clients. Described and demonstrated specific skills such as eye contact and attentive listening	Client engaged in in social interaction to to some extent
Impaired Verbal Communication related to unrealistic thinking as evidenced by verbalizations that deflect concreate thinking and poor eye contact	Patient will be able to communicate by the time of discharge	Conveyed an accepting attitude. Showed unconditional positive regard	Client was able to to communicate appropriately
Ineffective Family Coping related to impaired family communication as evidenced by prolonged overconcern regarding his illness	Family will identify more adaptive coping strategies for dealing with patient's illness and treatment regimen	Identified role of the patient in the family and how it is affected by his illness. Assessed communication patterns, relationships between the members and availability of support systems. Provided information to the family about the client's illness and their treatment regimen	Family was able to to identify adaptive Coping strategies

1. Health Education:
   a. Advised the patient and his family to adhere to the treatment.

5. Discussion

The case on current study took place in may 2023.The client was a 33 year old male who had the complaints of wandering behavior, aggression, suspiciousness, decreased interaction since 15 days.This study explored the characteristics, diagnosis, and treatment challenges of delusional disorder, emphasizing its impact on patients and their social functioning. The findings suggest that persecutory and grandiose delusions are the most commonly observed subtypes, consistent with previous studies (Freeman & Garety, 2020). Additionally, the study highlights the difficulty in treating patients due to their lack of insight into their condition, which aligns with prior research indicating that individuals with delusional disorder rarely seek treatment voluntarily (Moritz & Woodward, 2019).

6. Conclusion

A 33-year-old male was admitted to IMHNS with complaints of wandering behavior, suspiciousness, aggressive behaviors, and decreased social interaction. The patient had been in the open male ward for almost 3 days, during which complete care was provided. Proper medications were given, and the patient was discharged when he showed signs of improvement.

7. Conflict of Interest

None.

8. Source of Funding

None.

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