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# Delusional Disorder

### What is Delusional Disorder?

Delusional Disorder is a type of psychosis. The patient persistently harbors a single or a system of delusions. Delusion, by itself, is a psychotic symptom in which the patient keeps a false but unshakeable belief in mind despite the presence of objective counter-evidences against such. One point that must bear in mind is: the psychiatrist should consider very discretely and meticulously the sufferer's cultural, upbringing, educational and religious background. As a matter of fact, some over-valued ideas that mingled with culture, upbringing, education or religion are easily confused and mixed up with delusions. To safeguard patients, the diagnosis of Delusional Disorder must be made under the hands of psychiatrists.

The epidemiology of Delusional Disorder is lower than Schizophrenia. The male-to-female ratio is around one to one, with female slightly higher than male. The age of onset is around forty.

What are the subtypes of Delusional Disorder?								
	1.	Grandiose	2.	Hypochondriacal / Somatic			3.	Jealous
	4.	Erotomanic	5.	Persecutory	6.	Mixed	7.	Unspecified

# What is the etiology of Delusional Disorder?

The etiology of Delusional Disorder is very complicated, but inborn and hereditary factor of which is not distinct. From physiological point of view, the patient's limbic system and basal ganglia inside the brain may have certain defects. The most crucial factors, however, are the psychosocial developmental barriers, such as childhood abuse, inability to establish mutual trust with others, pathological upbringing etc. Other factors include hearing deficit, poor vision, immigration, isolation, suspicious and sensitive temperament, and degenerative changes due to advancing age etc.

# What about the course of Delusional Disorder?

The patient's delusions, without proper treatment, are likely lingering on for life. The effectiveness of treatment of Delusional Disorder, although not so favorable as compared with that of Schizophrenia or Affective Disorder, can still attain full recovery or alleviation of symptoms in 50% of the cases. The psychosocial impairment in Delusional Disorder, although substantial, is already less severe in degree than Schizophrenics. However, patients often refuse treatment because of lack of insight into their mental illness, thus making their symptoms worse and treatment delayed.

# What are the treatment options for Delusional Disorder?

# 1. Pharmacological treatment

Anti-psychotic medications can alleviate and sometimes eradicate patient's delusions; they also reduce mental symptoms like anxiety, irritability and sleep disturbance. As many patients are skeptical to medications, and they themselves maybe susceptible to side effects of such, the dosage of medications would be started from a low level under doctor's discrete hand. It will then be titrated in a slow manner, so as to avoid patient's suspicion to their doctors.

As most of the patients suffering from Delusional Disorder are not willing to receive any treatment, the rapport between patient and doctor becomes very crucial. If the doctor can gain the trust of patient and maintain a good doctor-patient relationship, the patient's resistance on taking medications will thus be reduced. Even they do not believe they have got mental illness, they may listen to the doctor's advice to take drugs.

### 2. Psychotherapy

Usually speaking, psychotherapy must be coupled with pharmacological treatment to have a good effect. The therapist will avoid heated confrontation with patients about the content of their delusions, but reflect to them the reality at appropriate timings.

To deal with those refractory cases, the case doctor may help the patients to lead a happier life, and let them live in peace with their delusions. The doctor will also try to understand the patients' resentfulness, helplessness and shame deep in their hearts; and help them resolve their internal frustrations. Simultaneously, the doctor will teach patients how to handle crisis in a positive way when they come across sudden stresses.