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Delusional Disorder: Clinical and Demographic Features and Outcome.

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Abstract:

Back ground: Delusional disorder is a rather an uncommon psychotic disorder. This study is designed to describe condition of such patients in our community and investigate possible role of cultural effect on features of delusional disorder in our community.

Methods: This cross sectional study investigated admitted patients during 1999-2002. Demographic statistics (e.g. age, gender, occupation, educational and marital status) and clinical features in patients and response to therapy are described.

Results: Sixty eight patients were enrolled. From the total of 68 patients, 54 (79.5%) were male and 14(20.5%) were female (M/F ratio: 3.8). These patients were 0.4% of all admitted patients. Persecutory delusion was the most common while grandiose and erotomanic subtypes were rare. Six patients (8.8%) had insight to the disorder in some extents. Auditory hallucinations, depressed mood and homicidal thoughts were common established symptoms. Loose of job and legal problems were common complications. Following treatment with new anti psychotic drugs; 4.5% had complete response and 84% had relative response.

Conclusion: Clinical symptoms of the disorder in our community are similar to other populations, but we noticed low fraction of female patients to be admitted. Delusional disorders as a condition which may lead to serious problems will be controlled promptly with assistance of an aware family.

Keywords: Delusional disorder; Symptom; Outcome.

Introduction:

Delusional disorder is an uncommon psychiatric muddle principally characterized by uneven systematic delusions.⁽¹⁾ Despite the similarities; it is distinguished from schizophrenia by well defined systematized delusions and absence of other major psychiatric problems.⁽²⁾ The non-bizarre delusions last at least for one month.

Even though family members barely accept them as patients⁽³⁾, medical intervention is requested by them most of the time. Patients with delusional disorders experience numerous familial, social and legal troubles as a result of no insight, low compliance and poor outcome after treatment.⁽⁴⁾

Accurate epidemiologic data on the disease is limited because of its low prevalence and different clarification for it. The prevalence has been reported between 0.025 to .03%.^(2, 4) Effect of some environmental factors like immigration and social isolation is discussed and believed as etiological causes. The etiology of the disorder may be related to cultural factors and this may be result in different clinical features in dissimilar cultures. The prevalence has been reported to be low and only 0.13% of all psychiatric visits in China.⁽⁵⁾ There are two published data about its clinical features in Iran from Tehran and Kermanshah provinces that carry some divergence. The present study designated to describe condition of such patients in our community and investigate possible role of cultural effect on features of delusional disorder.

Methods:

This study was carried out in East Azerbaijan province, North West Iran with an Azeri ethnic background. Records of all admitted patients in Razi hospital; referral psychiatric center of Tabriz medical university were evaluated in this cross-sectional study. During 1999- 2002 seventy three patients were admitted with diagnosis of delusional disorder. Five patients were excluded since comorbid disorders and a total of 68 patients were enrolled. Diagnosis was based on DSM IV criteria following a psychiatric interview. Demographic statistics (e.g. age, gender, occupation, educational and marital status) and clinical features in patients and response to therapy are described.

Results:

From the total of 68 patients, 54 (79.5%) were male and 14(20.5%) were female (M/F ratio: 3.8). These patients were 0.4% of all admitted patients during four years of study. Mean age of them was 50 years at admission and 43 years at initial diagnosis. Most of them (82%) were married, 13% were single and 5% were divorced. A high fraction was jobless (41%). Only 9% were high educated, 12% had diploma, 49% were educated under diploma and 30% were uneducated.

Delusions of studied patients are described in table 1. Persecutory delusion was the most common while grandiose and erotomanic subtypes were rare. Six patients (8.8%) had insight to the disorder in some extents. Auditory hallucinations (26.5%), depressed mood (54.4%), elated mood (30.8%), suicidal thoughts (29.41%) homicidal thoughts

(32.4%) were established symptoms in our study population.

We also investigated complications occurred for our patients because of their delusions: loose of job in 54%, legal problems in 32% and suicidal thoughts in 32%.

Table 1: Subtype of delusional disorder as number (%).

Persecutory	36 (52.94)
Jealous	26 (38.24)
Somatic	2 (2.94%)
Reference	2 (2.94%)
Erotomaniac	1 (1.47%)
Grandiose	1 (1.47%)

Fortunately; these patients had a good response to treatment with new generation of anti psychotic drugs like Risperidon: 4.5% had complete response, 84% had relative response (50% decrease in symptoms) and only 11.5% with no response.

Discussion:

The present study demonstrated some differences in demographic characteristics and clinical symptoms of admitted patients with delusional disorder in East Azerbaijan; Iran.

We noticed low fraction of admitted patients to have delusional disorder. This proportion can not demonstrate prevalence of delusional disorder, of course; because not all of such patients need admittance in a hospital for treatment and they are mostly treated at out patient clinics.⁽⁵⁾ However; a low prevalence is supposed in our community.

Male to female ratio of admitted patients with delusional disorder is discussable in Iran. This ratio is about 2.9 in Tehran

and 1.2 in Kermanshah provinces while it is reported that the disorder is more prevalent in women in US ⁽¹⁾ and the ratio is 0.3 in Japan.⁽⁶⁾ This may be a result of difference in pattern of it or only a consequence of lesser drive for admitting female patients for a psychiatric disorder in cultural beliefs of our people.

Arrangement of clinical symptoms in our study population is almost similar to other studies from Iran or other countries, which have reported persecutory and jealous delusions ^(7, 8) and auditory hallucinations ⁽⁹⁾ as most common ones. Depressed mood is also mentioned previously as the most common mood disorder in studies from Iran ⁽⁸⁾ and China.⁽⁵⁾ We also noticed suicidal and homicidal thoughts to be high among our patients. Such thoughts are mostly build up in patients with jealous delusions ⁽⁵⁾ resembling our patients. High prevalence of such thoughts this study requires intensive care and adequate family guidance to avoid possible harms.

Clinical symptoms of the disorder in our community are similar to other populations, but we noticed low fraction of female patients to be admitted. High fractions of our patients experience serious problem according to their disorder. Loosing job, legal problems because of eavesdrop, struggles, aggression and fighting have deep impacts in psychological health of the community. Think back to good response of our patients to treatment, we conclude that delusional disorders as a condition which may lead to serious problems will be controlled promptly with assistance of an aware family.

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