ISSN: 2395-6429

INTERNATIONAL JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH

IJCMPR

Available Online at http://www.journalcmpr.com

DOI: http://dx.doi.org/10.24327/23956429.ijcmpr20170299

CASE STUDY

DELUSIONAL DISORDER- CASE STUDY

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ARTICLE INFO

Article History:

Received 19th August, 2017
Received in revised form 25th September, 2017
Accepted 25th October, 2017
Published online 28th November, 2017

Key words:

Psychotic symptoms, Prominent symptom

ABSTRACT

Delusional disorder is classified as a psychotic disorder, a disorder where a person has trouble recognizing reality. A delusion is a false belief that is based on an incorrect interpretation of reality. Delusions, like all psychotic symptoms, can occur as part of many different psychiatric disorders. But the term delusional disorder is used when delusions are the most prominent symptom. A person with this illness holds a false belief firmly, despite clear evidence or proof to the contrary.

INTRODUCTION

Delusions may involve circumstances that *could* occur in reality even though they are unlikely (for example, the family next door plotting to kill you). Or they may be considered "bizarre" (for example, feeling controlled by an outside force or having thoughts inserted into your head). A religious or cultural belief that is accepted by other members of the person's community is not a delusion.

Types of Delusions

Persecutory, erotic, grandiose, jealous or somatic (that is, delusions about the body). People with delusional disorder usually do not have hallucinations or a major problem with mood. Unlike people with schizophrenia, they tend not to have major problems with day-to-day functioning and they do not appear odd.

When hallucinations do occur, they are part of the delusional belief. For example, someone who has the delusion that internal organs are rotting may hallucinate smells or sensations related to that delusion.

If their functioning *is* impaired, it is usually a direct result of the delusion. Therefore, the disorder maybe detected only by observing behavior that is a consequence of the belief. For example, a person who fears being murdered may quit a job or stay home with all the shades drawn, never venturingout. Since people with delusional disorder are aware that their beliefs are unique, they generally do not talk about them. Delusional disorder is diagnosed much less frequently than schizophrenia.

Case Report

Mrs. X is a 42-year-old woman who was brought to the inpatient psychiatric unit by police after being arrested for trespassing on Mr. L's property. Upon arrival, Mrs. K was adamant about being released, stating that she was simply entering her husband's home, adamantly declaring that Mr. L was her husband. She elaborated a story about how much the two of them loved each other, when they got married, and how she was currently pregnant with his child. Mrs. K was married to another man, with whom she denied any relationship, stating that she was kidnapped for 4 years, and after escaping, had come to California to be with her husband, Mr. L. Mrs. K was diagnosed with delusional disorder, erotomania type, and was started on risperidone.

Symptoms

The main symptom is a persistent delusion or delusions (a fixed belief)-for example, about a situation, condition or action -that is not happening but may be plausible in real life. Types include:

Erotomania- Delusion of a special, loving relationship with another person, usually someone famous or of higher standing. (This kind of delusion is sometimes at the root of stalking behavior.)

Grandiose- Delusion that the person has a special power or ability, or a special relationship with a powerful person or figure, such as the president, a celebrity or the Pope.

Jealous- Delusion that a sexual partner is being unfaithful.

Persecutory- Delusion that the person is being threatened or maltreated.

Somatic- Delusion of having a physical illness or defect.

Diagnosis

- General medical evaluation
- Diagnostic tests such as an electroencephalogram (EEG), magnetic resonance imaging (MRI)
- Computed tomography (CT)

Treatment

- Antipsychotic medications
- psychotherapy

Prognosis

Although the disorder can go away after a short time, delusions also can persist for months or years. The inherent reluctance of a person with this disorder to accept treatment makes the prognosis worse. However, people with this disorder retain many areas of functioning, so some do reasonably well with limited assistance.

Nursing Care Plans for Delusional Disorders

1. Anxiety
2. Disabled family coping
3. Disturbed personal identity
4. Disturbed sensory perception (visual, auditory)
5. Disturbed thought processes
6. Fear
7. Imbalanced nutrition: Less than body requirements
8. Impaired home maintenance
9. Impaired social interaction
10. Ineffective coping
11. Powerlessness
12. Risk for injury
13. Risk for other-directed violence
14. Risk for self-directed violence
15. Social isolation

Key Outcomes Nursing Care Plans For Delusional Disorders

- The patient will consider alternative interpretations of a situation without becoming hostile or anxious.
- The patient and his family will participate in care and prescribed therapies.
- The patient will identify internal and external factors that trigger delusional episodes.
- The patient will maintain functioning to the fullest extent possible within the limitations of his visual or auditory impairment.
- The patient will remain oriented to person, place, time, and situation.
- The patient will express all fears and concerns.
- The patient will show no signs of malnutrition.
- The patient will recognize symptoms and comply with medication regimen.
- The patient will demonstrate effective social interaction skills in both one-on-one and group settings.
- The patient will demonstrate adaptive coping behaviors.
- The patient will identify and perform activities that decrease delusions.
- The patient will remain free from injury.
- The patient won't harm others.
- The patient won't harm self.
- The patient will maintain family and peer relationships.

Interventions Nursing Care Plans For Delusional Disorders

- In dealing with the patient, be direct, straightforward, and dependable. Whenever possible, elicit his feedback.
- Move slowly, with a matter-of-fact manner, and respond without anger or defensiveness to his hostile remarks.
- Accept the patient's delusional system. Don't attempt to argue with him about what's real.
- Respect the patient's privacy and space needs. Avoid touching him unnecessarily.
- Take steps to reduce social isolation, if the patient allows. Gradually increase social contacts after he has become comfortable with the staff.
- Watch for refusal of medication or food, resulting from the patient's irrational fear of poisoning.
- Monitor the patient carefully for adverse effects of neuroleptic drugs: drug induced Parkinsonism, acute dystonia, akathisia, tardive dyskinesia, and malignant neuroleptic syndrome.

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