



DELUSIONAL DISORDER

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DELUSIONAL DISORDER

- In the developed world, the lifetime prevalence of Delusional Disorder is 0.2%
- The male to female ratio is 1:1 and this disorder is more prevalent in older individuals
- Individuals with this disorder have one (or more) delusions with a duration of 1 month or longer
- Delusions are false beliefs that are firmly held despite what most everyone else believes and despite incontrovertible obvious evidence to the contrary
- These persistent, well organized delusions are defended with a great deal of emotion and sharp argument
- These individuals appear quite convincing, especially because they otherwise behave rationally
- Apart from their delusion, their mental function is not obviously bizarre or impaired

DELUSIONAL DISORDER

- This disorder is unlike Schizophrenia in that the individual has never had:
 - Hallucinations
 - Disorganized speech
 - Grossly disorganized or catatonic behavior
 - Negative symptoms such as blunted/flat affect, anhedonia, avolition, apathy, social isolation
- This disorder is not due to mood episodes (MDD or Bipolar disorders), substance abuse, medications or other medical condition

DELUSIONAL DISORDER

- DSM 5 Criteria for Delusions Disorder 297.1 (F22)
- A. The presence of one (or more) delusions with a duration of 1 month or longer
- B. Criterion A for Schizophrenia has never been met.
- C. Apart from the impact of the delusion(s) or it's ramifications, functioning is not markedly impaired, and behavior is not obviously bizarre or odd
- D. If manic or major depression episodes have occurred, these have been brief relative to the duration of the delusional periods.
- E. The disturbance is not attributable to the physiological affects of a substance or another medical condition (medications included) and not better explained by another mental disorder such as body dysmorphic disorder or OCD

DELUSIONAL DISORDER

- Specify whether:
- Erotomanic Type: This delusional subtype applies when the central theme of the delusion is that another person is in love with the individual
- Grandiose Type: This delusion subtype applies when the central theme of the delusion is the conviction of having some great (but unrecognized) talent or insight or having made an important discovery
- Jealous Type: this delusion subtype applies when the central theme of the delusion is that his or her spouse or lover is unfaithful
- Persecutory Type: This delusional subtype applies when the central theme of the delusion involves the individual's belief that he or she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed or obstructed in the pursuit of long-term goals.

DELUSIONAL DISORDER

- Specify whether:
 - Somatic Type: This delusional subtype applies when the central theme of the delusion involves bodily functions or sensations
 - Mixed Type: This delusional subtype applies when no one delusional theme predominates.
 - Unspecified Type: This delusional subtype applies when a dominant delusional belief cannot be clearly determine or is not described in the specific types (e.g. referential delusions without a prominent persecutory or grandiose component).
- Specify if:
 - With Bizarre content: Delusions are deemed bizarre if they are clearly implausible, not understandable and not derived from ordinary life experiences (e.g. an individual's belief that a stranger has removed his or her internal organs and replaced them with someone else's organs without leaving any wounds or scar).

DELUSIONAL DISORDER

- Most fanatical religious and political cults are started by someone who successfully teaches his delusional beliefs to others. Tragically, sometimes these fanatical cult delusions become widely accepted. Like all delusions, these fanatical beliefs are firmly held despite all evidence to the contrary.
- Overall functioning in Delusional disorder is not impaired and behavior is not obviously bizarre. Many individuals develop irritable, anxious or depressed mood. Anger and violent behavior can occur with persecutory, jealous and erotomanic types of delusional disorder.
- Delusional Disorder usually remains stable over time but a minority of patients go on to develop Schizophrenia.
- There is a significant familial relationship with Schizophrenia and Schizotypal Personality Disorder.

DELUSIONAL DISORDER

- Treatment:
- There is currently insufficient evidence based therapies for Delusional Disorder based on a Cochrane Report (published 22 May 2015)
- Delusional disorder is considered difficult to treat.
- It is recommended to treat Delusional Disorder like other psychotic disorders.
- Antipsychotic medications, antidepressants and mood stabilizing medications are frequently used.
- Psychotherapy including supportive therapy and CBT have also been used.

SUBSTANCE-INDUCED PSYCHOSIS

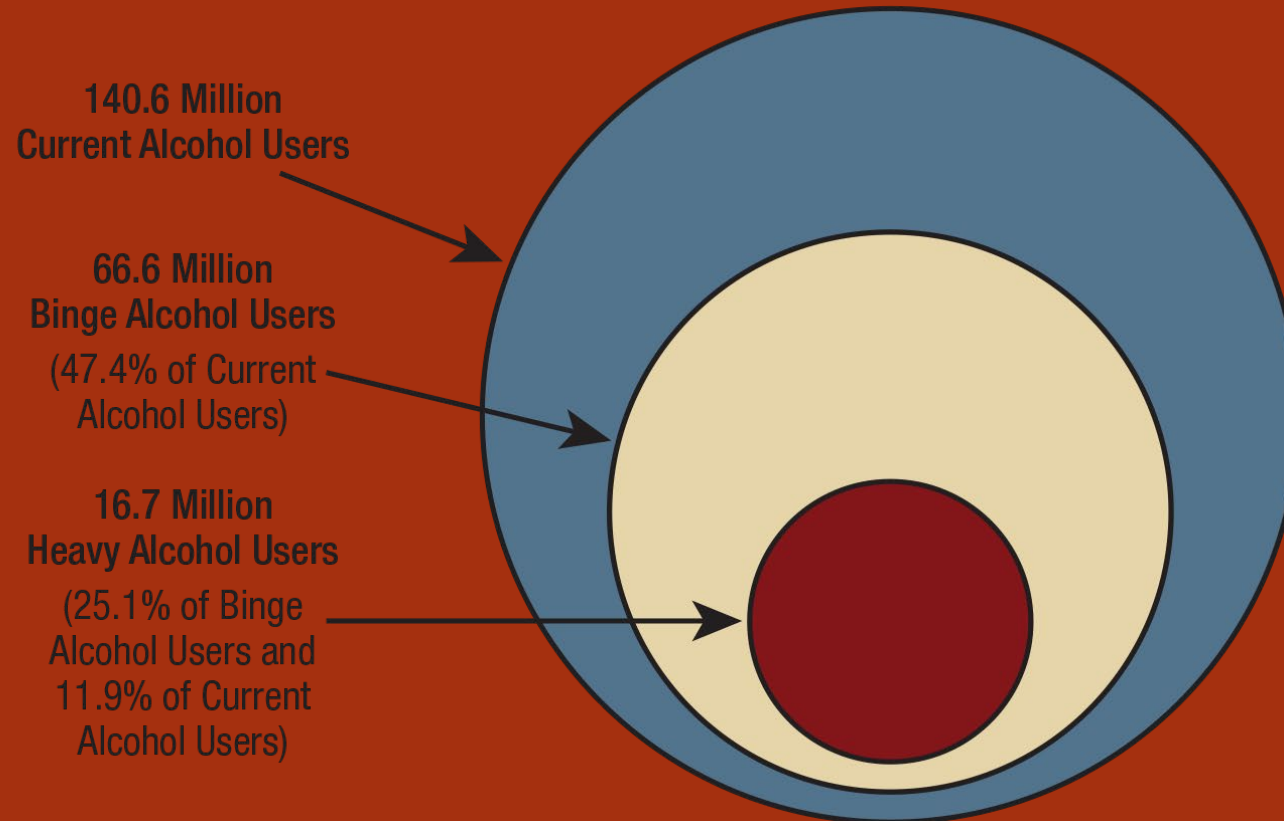
- According to the National Alliance of Mental Illness (NAMI), psychosis refers to an episode in which an individual has break from reality. This often includes but doesn't require delusions and hallucinations. About 3/100 people will experience at least one episode of psychosis in their lifetimes.
- Substance-induced psychosis is simply any psychotic episode that is related to the abuse or misuse of an intoxicant. This can occur from taking too much of a certain drug, having an adverse reaction after mixing substances, during withdrawal from a drug or if the individual has underlying mental illness and it is exposed by the use of substances.
- It is not true that taking a certain kind of drug can suddenly trigger a severe mental illness where not had existed, mental illness is a predictor of substance abuse, and someone who is genetically/biologically prone to psychosis can be triggered by becoming overly intoxicated on a substance.

SUBSTANCE-INDUCED PSYCHOSIS

- Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey:
- 9.3% of individuals in the US age 12 and older needed treatment for a drug or alcohol problem in 2009
- This does not include people who occasionally abuse drugs or alcohol but are not considered to have a dependence issue. This amounts to 23.5 million people

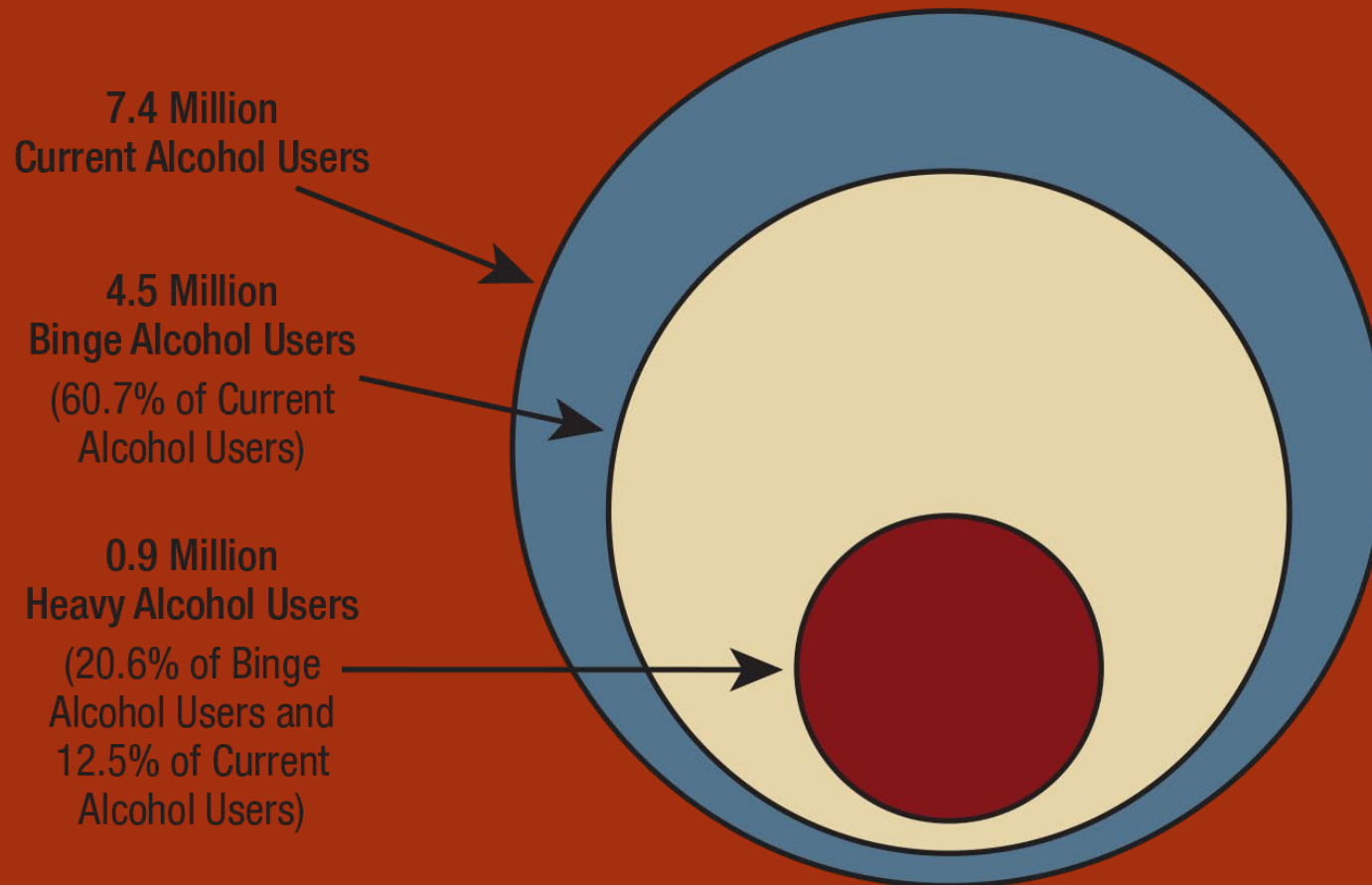
CURRENT, BINGE, AND HEAVY ALCOHOL USE AMONG PEOPLE AGED 12 OR OLDER: 2017

FFR1.05



Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.

CURRENT, BINGE, AND HEAVY ALCOHOL USE AMONG PEOPLE AGED 12 TO 20: 2017



Note: Since 2015, the threshold for determining binge alcohol use for males is consuming five or more drinks on an occasion and for females is consuming four or more drinks on an occasion.

SUBSTANCE-INDUCED PSYCHOSIS

- Substance abuse does not always lead to physical addiction, but it does increase the risk of developing this problem.
- The longer and more intense the abuse, the greater the risk.
- Physical dependence is characterized by the emergence of withdrawal symptoms when the individual discontinues taking the intoxicant.
- Alcohol abuse can cause psychosis, but typically only after weeks of intense use. People with a chronic alcohol abuse problem that has lasted for years are also vulnerable to intense paranoia and hallucinations. This occurs due to the damaging effects of alcohol on the brain over years and due to a lack of Thiamine (Vitamin B1) in the body that can lead to Wernicke-Korsakoff Syndrome

SUBSTANCE-INDUCED PSYCHOSIS

- Wernicke's Encephalopathy:
- Appears suddenly with alcohol withdrawal and associated with thiamin deficiency.
- Triad: ophthalmoplegia and ataxia followed by mental status changes.
- Ocular disturbance only occurs in 17% of patients with the disorder and consists of paresis or paralysis of the external recti , nystagmus and a disturbance of conjugate gaze.
- There is a global confusional state with disorientation, unresponsiveness and derangement of perception and memory. The patient is apt to be somnolent, confused and slow to reply and may fall asleep in midsentence.
- Once treatment is started with infusion of Thiamine, improvement of the ocular palsies within hours. Approximately 1/3 patient recover from the confusional state within 6 days, 1/3 within 1 month and 1/3 within 2 months
- This reversal of global confusion reversal distinguishes Wernicke's Encephalopathy for Korsakoff's psychosis which is a permanent confabulatory psychosis.

SUBSTANCE-INDUCED PSYCHOSIS

- Wernicke's Encephalopathy:
- Medical emergency and at the University of Utah the treatment is IV Thiamine 500 mg tid for three days
- Folic Acid 1 mg daily
- Multivitamin with Zinc daily
- Fluid Resuscitation if dehydrated.
- Maintenance of electrolyte balance (mg, k, phos, hypoglycemia)
- Treatment of alcohol withdrawal, delirium tremens and withdrawal seizures

SUBSTANCE-INDUCED PSYCHOSIS

- Korsakoff's Psychosis:
- Confabulatory psychosis or persisting amnesic disorder secondary to lengthy alcohol dependence process
- Hallucinations and delusions are rarely encountered
- Most patients have diminished spontaneous verbal output, have a limited understanding to the extent of the memory loss and lack insight into the nature of their illness
- Confabulation, long regarded a hallmark of Korsakoff's Psychosis is exhibited in a limited number of cases in a large series collected and studied by Victor and colleagues (1971)

SUBSTANCE-INDUCED PSYCHOSIS

- Korsakoff's Psychosis:
- Patients with Korsakoff's psychosis tend to improve with time
- 21% recovered more or less completely
- 26% show no recovery
- 53% recover partially
- Memory loss is bipartite:
 - Retrograde component is inability to recall the past
 - Antegrade component is the lack of capacity for retention of new information

SUBSTANCE-INDUCED PSYCHOSIS

- Delirium Tremens:
- The most commonly known substance-induced psychosis from withdrawal involves alcohol
- Long term alcohol dependence can significantly change the chemistry and even the structure of the brain, producing a set of symptoms referred to as delirium tremens when the addicted person stops consumption
- Delirium Tremens is a medical emergency as it is associated with withdrawal seizures and 1-5% mortality rate
- The mortality rate increases to 10% if the symptoms are not recognized
- Delirium Tremens occurs in 5% of hospitalized alcoholics
- Always look for a past history of seizures and Delirium Tremens as a predictor for it's re-occurrence

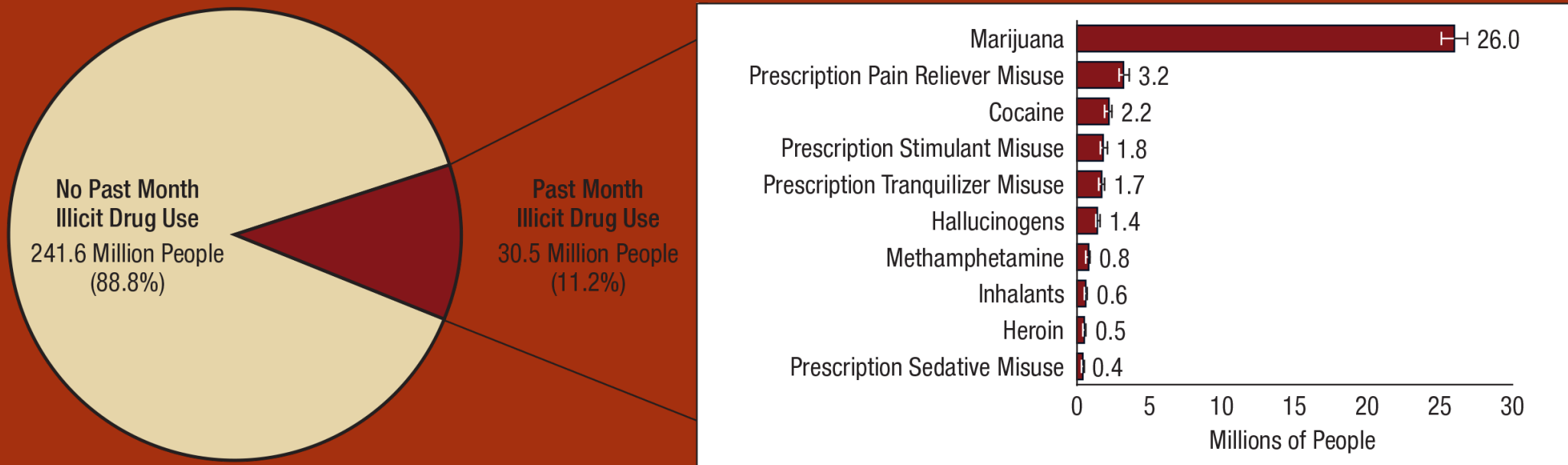
SUBSTANCE-INDUCED PSYCHOSIS

- Delirium Tremens:
- Generally begin 24-72 hours after the last drink of alcohol
- The principle features are disorientation (time, person, place), tremor, hyperactivity, marked wakefulness, fever, increased autonomic tone and hallucinations
- Hallucinations are typically visual and tactile but may also be auditory and olfactory
- Vestibular disturbances include the floor moving or having a sense the patient is on an elevator
- The hallucinations are always frightening
- It last 2-3 days and improved sleep helps abate the symptoms
- It can sometimes be waxing with periods of lucidity and then back into the delirium which confuses the diagnostic picture. Consider an infection or subdural hematoma as a complication.

DELIRIUM TREMENS

- Agitation/excitement
- Irritability
- Confusion/disorientation
- Sudden mood changes
- Fatigue or stupor
- Restless
- Body tremors
- Changes in mental functions
- Decreased attention span
- Sensitivity to light, sound and/or touch
- Seizures
- Hallucinations

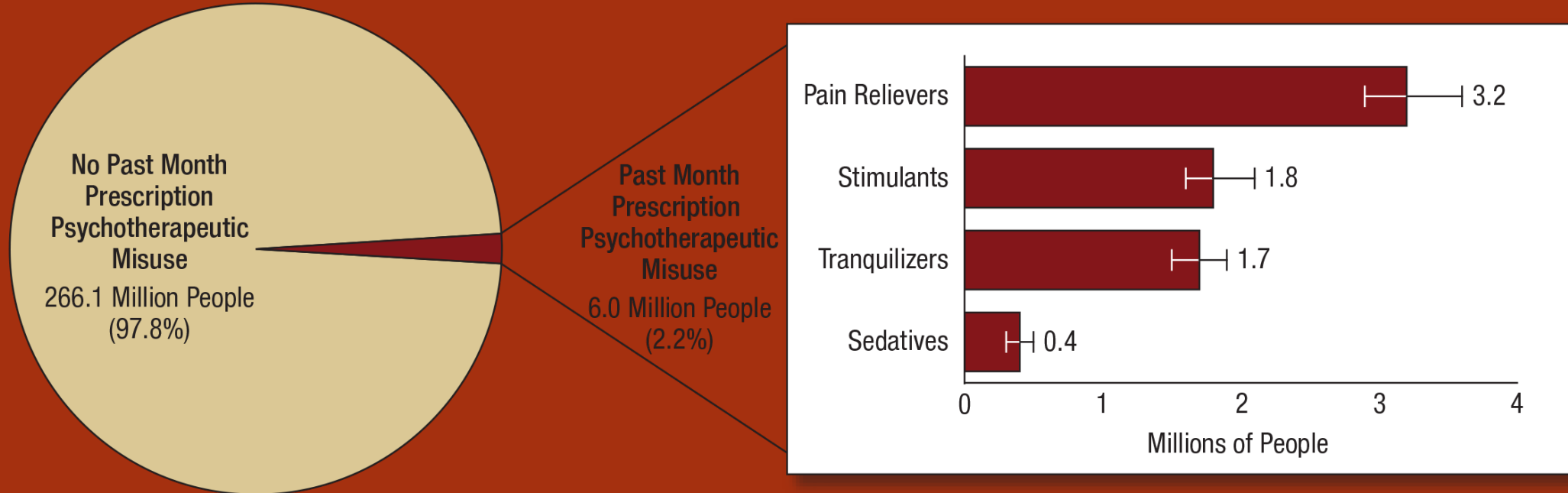
NUMBERS OF PAST MONTH ILLICIT DRUG USERS AMONG PEOPLE AGED 12 OR OLDER: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used or misused more than one type of illicit drug in the past month.

NUMBERS OF PAST MONTH PRESCRIPTION PSYCHOTHERAPEUTIC MISUSERS AMONG PEOPLE AGED 12 OR OLDER: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of past month misusers of different prescription psychotherapeutics are not mutually exclusive because people could have misused more than one type of prescription psychotherapeutic in the past month.

DIAGNOSES ASSOCIATED WITH SUBSTANCE CLASS

CLASS	Psychotic Ds	Bipolar Ds	Depressive Ds	Anxiety Ds	OCD Ds	Sleep Ds	Sexual Ds	Delirium	Cognitive Ds
Alcohol	I/W	I/W	I/W	I/W		I/W	I/W	I/W	I/W/P
Caffeine				I		I/W			
Cannabis	I			I		I/W		I	
Hallucinogens	I	I	I	I				I	

DIAGNOSES ASSOCIATED WITH SUBSTANCE CLASS

CLASS	Psychotic Ds	Bipolar Ds	Depressive Ds	Anxiety Ds	OCD Ds	Sleep Ds	Sexual Ds	Delirium	Cognitive Ds
Inhalants	I		I	I				I	I/P
Opiates			I/W	W		I/W	I/W	I/W	
Sed-hypnotic	I/W	I/W	I/W	W		I/W	I/W	I/W	I/W/P
Stimulants	I	I/W	I/W	I/W	I/W	I/W	I	I	

DIAGNOSES ASSOCIATED WITH SUBSTANCE CLASS

CLASS	Psychotic Ds	Bipolar Ds	Depressive Ds	Anxiety Ds	OCD Ds	Sleep Ds	Sexual Ds	Delirium	Cognitive Ds
Tobacco						W			
Other	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P

I=Intoxication

W=Withdrawal

P=Disorder is Persisting

THE PATTERN BEHIND SELF DECEPTION

- https://www.ted.com/talks/michael_shermer_the_pattern_behind_self_deception?language=en