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CASE STUDY

Navigating the Twisted Path of Delusional Disorder: A Patient Case Study

ANS WASEEM[1], MIRRAT GUL BUTT[2]
[1]*Department of Psychology, Virtual University of Pakistan, Lahore, Pakistan.*
[2]*Department of Psychiatry and Behavioural Sciences, Mayo Hospital, Lahore, Pakistan.*
Correspondence to Ans Waseem, Email: answaseem727@gmail.com, Contact no: +923007888870

ABSTRACT

Background: Delusional disorder of the jealous type is a rare psychiatric condition characterized by persistent and unfounded beliefs that impair functionality and compromise relationships. This case study explores the presentation, management, and potential treatment outcomes for a patient experiencing an acute episode of Delusional Disorder.
Aim: To assess the effectiveness of Cognitive behavioural Therapy in modifying delusional beliefs.
Method: Cognitive behavioural therapy using psychoeducation, activity scheduling, trigger management, evidence gathering, reality testing, behavioural experiments, reasoning skills, 3C's, and verbal challenges.
Results: The findings suggest that CBT techniques may be beneficial in managing Delusional Disorder, particularly the jealous type. This is evidenced by the significant improvement observed in the patient.
Implications: Unawareness of Delusional Disorder can lead to misinterpretations as domestic disputes, delaying crucial interventions. Early diagnosis and treatment can help control symptoms and potentially prevent dangerous actions by the patient.
Conclusion: The patient's significant improvement suggests that CBT may be a valuable tool for addressing delusional beliefs and associated disruptions. This finding highlights the need for further research to explore the broader applicability of CBT in treating various presentations of Delusional Disorder.
Keywords: Delusional disorder, cognitive behavioural therapy, jealous paranoia.

INTRODUCTION

The DSM-5 TR defines delusional disorder as a psychotic disorder characterized by the presence of one or more delusions that persist for at least one month, without any other symptoms of schizophrenia. The delusions must not be due to the effects of drugs, medication, or any other medical condition. Apart from the impact of delusions the individual's daily functioning may or may not be significantly impaired[1].

A patient with delusional disorder believes in his vulnerability, helplessness and powerlessness and sees other people as powerful, domineering and intrusive. Delusional beliefs are classified into different types, including persecutory, jealous, erotomanic, grandiose, or somatic. Although commonly associated with schizophrenia and delusional disorder, delusions can also be present in depression, obsessive-compulsive disorder, and body dysmorphic disorder, but they are not the primary defining features of these disorders. The importance of this case lies in the clinical picture of the disorder, which could have been confused with domestic violence until it was reported to the hospital. A distinguishing feature of delusional disorder is the person's ability to maintain normal social and occupational functioning, despite experiencing delusions[2].

Studies examining the epidemiology of delusional disorder have utilized community, inpatient, and even prison samples, with prevalence and incidence rates potentially influenced by the mean age of the sample.Delusional disorder has been found to occur more frequently among middle-aged and older populations[3]. Various modalities of Cognitive Behavioural Therapy have demonstrated efficacy in the treatment of psychotic disorders. A meta-analysis evaluated the effects of CBT on symptoms and functioning in people with schizophrenia. The analysis revealed that CBT produced moderate-to-large effects in reducing positive symptoms, negative symptoms, and overall symptom severity[4]. In one study, results show that virtual reality-based cognitive behaviour therapy yields positive treatment outcomes in mitigating paranoid ideation symptoms in psychotic patients[5].The objective of this study was to check the efficacy of cognitive behaviour therapy for the treatment of delusional disorder.

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The patient, a 32-year-old male with primary education, exhibited behaviours such as social withdrawal, aggression, and baseless allegations against others, particularly directed at his wife. Over time, he developed a fixed belief that his wife was having an affair with his cousin, extending to the suspicion that his cousin planned to murder him. Despite lacking evidence, he interpreted events to support these beliefs, leading to fights and domestic violence. The patient's delusions persisted, even in the face of contradicting evidence, and he planned to murder his cousin. Tragically, he fatally shot his wife in January 2014 and was sentenced to death after a two-year trial.

During his jail period, the patient experienced hopelessness and displayed paranoid behaviour towards fellow inmates. In 2017, he attempted suicide and received three months of treatment at a mental hospital. Following his release on bail in 2017, he remarried in 2020, but the same delusional beliefs resurfaced despite substantial evidence against them. He suspected his new wife of infidelity and insisted on hiring a security guard for their residence. When asked about killing his first wife, he showed little remorse but acknowledged the extreme nature of his actions. In 2021, the patient was referred to the hospital due to suspicion on his wife, aggression towards family members, and planning to murder his cousin, indicating a dangerous behavioural pattern. This case underscores the clinical significance of the disorder and its profound impact on the patient's life.

The patient underwent a comprehensive assessment, comprising a clinical interview and mental status examination. Additionally, a cognitive assessment of psychosis inventory was administered to elucidate the psychological processes underlying a specific occurrence of a psychotic symptom. This procedure played a crucial role in developing the conceptualization of case. Moreover, the assessment also incorporated the evaluation of symptom intensity, offering a valuable subjective rating during the course of therapy. To gain better insight into patient's thoughts, feelings, motivations and personality dynamics, projective psychological assessments tools such as, House Tree Person and Thematic Apperception Test were implied. Interpretation of these tests in conjunction with other assessment methods, collectively converge on confirming the presence of delusional beliefs revolving around suspicions and spousal infidelity. Results of various assessment measures consistently substantiates the diagnosis of delusional disorder, specifically the jealousy type.

Treatment started with establishing a therapeutic rapport with the patient, while initially focusing on disputing his peripheral delusional beliefs rather than directly targeting the core beliefs. Over the course of 16 therapeutic sessions, a comprehensive range of CBT techniques were applied. These techniques encompassed psychoeducation, activity scheduling, trigger identification and reduction, evidence gathering, reality testing, behavioural experiments, reasoning skills instruction, and targeted verbal challenges addressing delusional beliefs using the 3C's approach: catch, check, and change.

DISCUSSION

Delusions are characterized by fixed beliefs that lack reality and resist rational argument. When making a diagnosis of delusional disorder, it is important to consider the individual's cultural beliefs, as these may impact the content of the delusions. Abnormal dimensions of beliefs present in non-psychotic conditions are also seen in delusions but the extent to whicha belief is delusional can be determined by several dimensions, including its pervasiveness in the patient's consciousness, the strength of conviction, the degree of significance within thepatient's belief system, the level of intensity in displacing more realistic beliefs, the rigidity and self-certainty despite contradicting evidence, as well as its preoccupation and impact on the patient's behaviour and emotions[6]. Delusional disorder has a much lower prevalence as compared to schizophrenia, bipolar disorder, and other mood disorders. Lower prevalence may be subjected to underreporting as individuals with delusional disorder often do not voluntarily seek mental healthcare unless compelled by others. The lifetime prevalence of delusional disorder is reported to be about 0.02%. Persecutory and jealous delusions occur more frequently in males than females[7].

Global functioning is more or less preserved in delusional disorder. However, a significant relationship is reported between avolition and uncommon thought content with poor functioning when symptomatic dimensions were correlated with functioning[8]. Some patients experience abrupt transition to delusional conviction while in prodromal phase. In other cases, delusions slowly emerge after prolonged anxiety; the delusions, in such cases, may serve to reduce the escalating anxiety and protect against underlying depression. Delusions are categorized into two primary types. In type I, patients tend to hold their beliefs with less emotional investment and conviction.They may jump to conclusions about incomprehensible subjective experiences grasping explanationsfrom prevalent news or media themes. Type II typically manifests as systematized delusions without any association with negative symptoms, gradually developing in midlife following intense anxiety[9].

While cognitive behavioural therapy has proven effective for some conditions, delusional disorder remains difficult to treat. Delusional beliefs tend to be resistant to both pharmacological and psychological interventions[10]. The cognitive interventions utilized in this case study focused on identifying and altering triggers, as opposed to directly challenging the delusional beliefs. This approach facilitated the dismantling of dissociative mechanisms and affective components linked to activation of the fixed belief. It also enabled the subsequent strengthening of cognitive coping strategies through cognitive restructuring.

CONCLUSION

The findings from this case study provide evidence that cognitive behavioural therapy can significantly decrease conviction in delusional beliefs and enhance social functioning by the end of treatment.

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