

International Journal of Medical and All Body Health Research



International Journal of Medical and all body Health Research

ISSN: 2582-8940

Received: 28-01-2021; Accepted: 14-02-2021

www.allmedicaljournal.com

Volume 2; Issue 1; January-March 2021; Page No. 13-14

Persistent delusional disorder presenting as a manic episode: A case report

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Abstract

Persistent delusional disorder in which delusions are the most prominent psychopathology, comprises a well described clinical entity in psychiatry. Although the functional impairment is hardly evident unlike in schizophrenia, mood disturbances are one way of the presentation. Depressed mood even with sufficient criteria to diagnose a depressive episode can be a presenting feature. Although DSM 5 mention that patients with persistent delusional disorder can present with a manic episode, reported such cases are rare. It is important to identify the persistent delusional disorder presenting as manic episodes, as this uncommon presentation may mask the underlying major diagnosis.

Keywords: Persistent Delusional Disorder, Mania

Introduction

Persistent delusional disorders are a group of disorders in which the presence of longstanding delusions mark the key feature. ^[1] To make a diagnosis, symptoms should persist at-least for three months according to tenth revision of the international classification of diseases (ICD 10) ^[1] and at-least one month according to the fifth edition of diagnostic and statistical manual of mental disorders (DSM 5) ^[2]. Furthermore, delusions should not be due to an organic disorder, schizophrenia or a mood disorder. ^[1,2] Several sub-types have been described depending on their content as erotomanic type, grandiose type, jealous type, persecutory type, somatic type, and mixed type ^[2].

In his review on persistent delusional disorder, Kendler reported an incidence of 1-3 per 100000 per year comprising 1-4% of all psychiatric admissions [3]. A large case series by Marneros et al revealed that the mean age of onset of persistent delusional disorder was 46 years [4].

Associated mood changes of patients with persistent delusional disorder were described widely ^[5]. Depressive mood even with the criteria for a complete diagnosis of depressive episode is not uncommon ^[1]. The total duration of mood symptoms should not outlast the total duration of delusional disturbances ^[2]. In addition to widely reported depressive symptoms, brief manic episodes in the course of delusional disorder is a diagnostic criteria of persistent delusional disorder in DSM-5 ^[2]. However, published case reports of persistent delusional disorder, presented as manic episodes were rare.

Case report

A 52 year old female was admitted to the psychiatry unit, with complaints of irritability, poor sleep, over-talkativeness, undue happiness, singing and dancing for three weeks and suspiciousness about neighbors for one year.

Her elder son died sixteen years ago, following an accidental drowning in a well. Although she went through the normal grief process, she became suspicious about others for trivial matters. Following a conflict with neighbors one year ago, she started to firmly believe that her son was not drowned, but killed and thrown in to the well by neighbors. Therefore, she frequently requested her husband to take legal action against them. These requests were rejected by the husband because none of the family members believed this conspiracy. Despite the suspiciousness she was functioning well until three weeks prior to hospital admission, during which she developed manic symptoms.

Current episode was diagnosed as a manic episode in the background of persecutory type persistent delusional disorder. Her physical examination was unremarkable and basic investigations including non-contrast CT brain were normal. She was started on olanzapine 10mg twice a day, Sodium valproate 400mg twice a day with clonazepam 0.5 mg at night.

Over two weeks her manic symptoms were settled and the delusion of his son being killed was fading. During follow up visits, sodium valproate was gradually tailed off and her delusion was minimal.

As manic episodes in persistent delusional disorders are brief, it's important to evaluate for the diagnosis of persistent delusional disorder, as this will prevent patients being prescribed with long term mood stabilizers.

Declaration of patient consent

The patients understand that her names and initials will not be published and due efforts will be made to conceal her identity.

Conflicts of interest - There are no conflicts of interest.

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