

DELUSIONAL PARASITOSIS RESPONDING TO RISPERIDONE

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ABSTRACT

Delusional parasitosis (DP) appears to be common in India. This condition is more prevalent in elderly people. Currently used treatment pimozide, a high potency antipsychotic, has disadvantage of extra-pyramidal symptoms & tardive dyskinesia in this age group. Hence there is a need to evaluate the use of high potency atypical antipsychotic risperidone in DP. This case report documents the efficacy of risperidone in DP.

Key Words: Delusional parasitosis, risperidone, atypical antipsychotic

High prevalence of DP has been documented in Indian setting (Sudhir Hebbbar et al., 1999). Traditionally DP is treated with pimozide a high potency antipsychotic. Pimozide causes significant extra-pyramidal symptoms and tardive dyskinesia (EPS & TD) in elderly patients in which DP is common. With the availability of atypical antipsychotic risperidone, we need to evaluate the efficacy of this drug in DP because of lower risk of EPS & TD. Literature search revealed a few case reports documenting improvement of DP with risperidone (Freyne, A. 1999, Kitamura, H. 1997; Safer, D.L., 1997). But no reports are available from India. Hence this case is reported.

CASE REPORT

A male patient aged 68 years and tailor by profession presented with complaints of pricking and biting sensations all over the body. This symptom was insidious in onset and persistent for two years. Earlier he was treated with ointments and tablets. Patient used to get only transient improvements for few hours with these

treatments. Further clarification of symptoms revealed that he was extremely preoccupied with the symptoms. He insisted his relatives to clean his home using Dettol, to destroy the insects and viruses which he believed are causing the problem. After the onset of the symptom he used mosquito net for protection from these insects. He called these insects as viruses which could not be seen by the eyes. He was pointing at the skin pigmentation as the evidence for the bite markings of these insects. He also had neurotic insomnia which used to improve with tablets, but other symptoms were persistent. His occupational functioning had markedly reduced because of the symptoms. His past, personal and family histories were unremarkable. Mental state evaluation revealed a firm belief about the insects as the cause for his symptoms. Physically he was healthy person except for the bilateral immature cataract and mild hearing impairment. His base line investigations were normal. A diagnosis of delusional disorder was considered. He was started on risperidone 1 mg BD and lorazepam 1 mg HS. The patient developed

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postural dizziness therefore dose of risperidone was reduced to 1.5mg per day. Over two weeks presenting symptoms and preoccupation improved markedly. He restarted working as a tailor, both patient and family members were satisfied with the improvement. After 3 months patient stopped treatment and was doing well for few more months. But because of the relapse of symptoms patient came again for the treatment.

DISCUSSION

This patient had a single firmly held abnormal belief about being infested. Other symptoms which patient had are secondary to the belief which is delusional. No organic cause was found for such delusion. Hence a diagnosis of Delusional Disorder was considered. Age of the patient was that of a typical case of DP. Dizziness and postural hypotension are well-known side effects of risperidone. Our patient had these side effects. As expected, EPS was not significant. This patient was referred to us after two years of multiple physician visits and failed treatment. This must have occurred because of lack of familiarity of this condition in physicians. This fact highlights the need of spreading the awareness about DP in

physicians. Till now only a few case reports are published documenting the use of atypical antipsychotics in DP. There is a need to replicate our preliminary observations on large number of patients, given the fact that DP is common in India.

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