

Undue Concern About Thinning of Hair – A Presentation of Delusional Disorder

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Received Date: 20/07/2023

Acceptance Date: 28/08/2023

Abstract

Background: Delusional disorder, a relatively rare condition, has gained increasing attention in recent clinical research. This case report focuses on a 15-year-old female patient presenting with somatic delusion, specifically related to hair thinning, highlighting the need for accurate diagnosis and effective management in such cases. This case report highlights the need for a structured approach to manage delusional disorder effectively and provides valuable insights for clinical practice. **Case:** A 15-year-old female presented with excessive concern about hair loss, self-harm tendencies, and somatic delusion. Diagnosis revealed delusion of persecution secondary to somatic delusion Grade 1. Treatment included antipsychotic medication and supportive measures, leading to significant improvement. Clinical Lesson(s) or Conclusion(s):

This case underscores the importance of accurate diagnosis and comprehensive assessment in delusional disorder cases. Somatic delusions, such as the one observed in this patient, can lead to significant distress and impairment. Treatment strategies should combine psychopharmacological intervention with psychotherapy to achieve symptomatic relief and functional improvement. **Statements:** This case report focuses on a completed clinical case and does not involve ongoing studies or pending results.

Keywords: Delusional Disorder, Delusion, schizophrenia, psychiatric illness

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Introduction

Delusional disorder has become a subject of increased attention in clinical research and innovative treatment approaches, in the past considered too infrequent to merit individual categorization. Enhanced clarification and an expanding body of knowledge have awakened endeavours to define, comprehend, and address these disorders(Manschreck, T.C., 2000). Although the evidence is somewhat constrained but increasingly on the rise, it validates not just its presence, but also its differentiation from schizophrenia and mood disorders, along with its potential for effective treatment.

Delusional disorder patients do not view themselves as mentally unwell, and they actively resist being referred to psychiatric care because they maintain a relatively high level of functioning and experience minimal impairment. Typically, these individuals continue to live within their communities without ever seeking clinical assistance which leads to

misdiagnosis, as they may exhibit few outward signs that would identify their condition (Grover et al., 2007).

Teenagers often hold excessive fixation regarding their physical appearance can result in heightened anxieties. This, in turn, leads to frequent trips to Dermatology Clinics and renders them susceptible to a range of psychological disorders. Though, the study by Grover et al., 2007 conducted correlations between sociodemographic and clinical factors using different methods such as Pearson's correlation coefficient, Spearman's rho, and point biserial correlation. Findings revealed that age at onset was negatively correlated with the total number of delusions and the duration of illness at presentation.

This Case report focuses on somatic delusion. Somatic delusion refers to a belief primarily focused on the appearance or functioning of one's own body. The case is on delusional disorder with the primarily presenting feature of undue concern about thinning of hair.

Case Report

The patient is a 15-year-old female, unmarried, in class VIII presented with complaints of undue concern about her hair fall, decrease activity, marked weight loss, suicidal gestures and threats, withdrawn behaviour, irritable and aggressive behaviour and decreased personal care. She was admitted and initially started on benzodiazepines. Subsequent evaluation revealed her secluded behavior, lack of self-care, and somatic delusion related to her hair. She would compulsively pick up fallen hair and place them back on her scalp, along with repetitive application of excessive hair oil. Additionally, she displayed aggressive behavior and refused to eat food. She had attempted self-harm a year earlier by slashing her wrist due to the distress related to her beliefs. These beliefs persisted though several attempts were made to persuade her otherwise. There were no other unusual beliefs or abnormalities of perception reported by the patient. There were no first rank symptoms of schizophrenia or obsessive-compulsive symptoms. There was no history suggestive of seizures, other organic illness or substance abuse.

Physical examination revealed ectomorphic body type and matted lustreless hair. Mental status examination indicated blunt affect and a feeble voice. The diagnostic process involved rigorous assessment and ruling out other potential causes. A comprehensive evaluation was conducted to arrive at the diagnosis of delusion of persecution secondary to somatic delusion with impaired personal judgment and insight Grade 1. Then she was started on an antipsychotic agent combined with supportive measures.

Discussion

Sometimes, features of Delusional disorder can be masked by signs and symptoms of other psychiatric illness. The age of onset varied significantly based on the type of delusional disorder,

with the persecutory type showing the highest age of onset and the somatic type demonstrating

the lowest (Yamada et al., 1998). Though, the study by Maina et al states patients who have comorbid depression experience an earlier age of onset, present at a younger age for their initial

consultation, and have a longer duration within the treatment network.

In one of the studies, the predominant delusion was persecutory (54.5%), trailed by referential (46.6%), hypochondriacal (30.7%), infidelity (28.4%), and parasitosis (17.0%), one instance of a delusion of love, and one case of grandiose delusion. This study of 146 subject patients showed many participants experienced multiple delusions, with an average of 1.80 ± 0.73 delusions per individual. All the studies showed a female preponderance. The

aforementioned observations indicate that Delusional Disorder (DD) exhibits a higher prevalence among female subjects, contrasting with schizophrenia, where gender distribution is equal. In this case treatment with a combination of antipsychotic medications and supportive interventions was employed, along with cognitive and behavioral strategies similar to that reported by Noel J et al(Noel et al., 2014).

These measures were aimed at alleviating the patient's anxiety, acknowledging their distress, examining the ramifications of their beliefs, and effecting modifications where necessary. Through this comprehensive approach, significant symptomatic relief was achieved, leading to the restoration of the patient's functional abilities.

Conclusion

Similar to addressing any form of delusional disorder, ensuring accurate diagnosis and promote an unbiased approach, a comprehensive assessment and thorough history should be undertaken. Managing any type of delusional disorder presents challenges that requires a combination of psychopharmacological intervention and psychotherapy. It is important to gain insights into the conditions that optimize treatment that can provide valuable direction for optimal management.

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