

Successful Treatment of Delusional Disorder with Finite Duration of Risperidone: A Case Report

Neşe Kocabaşoğlu^{ID}, Betül Kırlangıç^{ID}, İhsan Okur^{ID}

Department of Psychiatry, İstanbul University-Cerrahpaşa, Faculty of Cerrahpaşa Medicine

To the Editor,

Delusional disorder is a condition characterized by persistent delusions lasting for at least 1 month. Despite the presence of delusions, the individual's functioning is not significantly impaired and their behavior is not overtly bizarre or odd.¹ Antipsychotic medications are the primary treatment for this condition,² with response rates ranging from 32.3% to 52.6%.³ The mean duration of the disorder has been reported to be 44 months in some studies.⁴

In this case report, we present a 58-year-old married woman with the persecutory subtype of delusional disorder. The patient, a housewife with 2 children, presented to our outpatient clinic with concerns that she was being followed by the mafia. Over time, she developed delusions of reference and believed that the organization was communicating with her through her television and signboards. She was also experiencing migratory muscle twitching 2 years prior to admission. The patient had no previous psychiatric admissions and had a medical history of hypertension and type 2 diabetes. She denied any history of substance use. In her family history, the patient had 3 siblings with a diagnosis of psychotic disorder, one of whom had died by suicide. Laboratory workup and EMG results were unremarkable.

On examination, the patient exhibited anxious mood, referential and persecutory delusions, but no perceptual disturbances or negative symptoms. She lacked insight into her condition but her functionality was preserved, as she had no problem doing housework. She was diagnosed with delusional disorder according to DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition) criteria.¹

The patient was initially treated with risperidone 2 mg/day in accordance with recent literature,⁵ resulting in a decrease in her PANSS score from 65 to 36. However, she subsequently developed depressive symptoms secondary to the antipsychotic medication, and her PANSS score increased to 43. Escitalopram was added to her treatment regimen and her depressive mood and anergia improved, but anhedonia persisted. The dose of risperidone was decreased and eventually discontinued due to residual depressive symptoms. The patient continued taking escitalopram and did not experience a recurrence of psychotic symptoms during two years of follow-up. Her latest PANSS score was 32.

In conclusion, this case demonstrates successful treatment of delusional disorder with risperidone within 4 months. Despite discontinuing antipsychotic medication for 2 years, the patient did not experience a recurrence of psychosis. Further studies are needed to determine predictors and patients who may respond better to treatment for a finite period of time.

Corresponding author:
İhsan Okur

E-mail:
ihсан.okur@istanbul.edu.tr

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