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DELUSIONAL DYSMORPHOPHOBIA

Case Report :

A 25 years old single male graduate student of middle class and urban background was reported to the author with complain of persistent false belief of gradual shrinkage and smallness of his buttocks and hips extending towards the feet despite of normal appearing configuration for 4 years. This belief was developed suddenly and he believed that the disfiguration was due to his early masturbatory habit. He was distressed and too ashamed to see his friends. So he had become almost completely isolated and wrapped himself with 'chaddar' so that no one could see his disfiguration. Gradually he developed the belief that peoples talked about him. The conditions ran into a chronic but waxing and waning course.

The patient kept his abnormal belief with himself. So long after 3 years, his odd behaviours particularly continuous wrapping tendency even in summer, house bound nature, avoidance of social and occupational situations fall into the eyes of his parent and at last he expressed his belief to them but denied to take medical help. His parents brought him to a neurosurgeon forcefully in afford to correct the imagined defect of the buttocks and hips. No physical abnormality was detected. Then he consulted a skin V.D. specialist as he believed that early masturbation or venereal disease might be the cause of his problem. Again no abnormality was found by venerealogist and he referred the patient to a psychiatrist.

His early childhood development was normal and scholastic performance was good. There was nothing in past in personal or family history to suggest any psychiatric disorder like schizophrenia, mood disorder, drug abuse. His premorbid personality was adequate.

General physical examination findings were within normal limits. On mental state examination the patient looked considerably well, friendly and alert. He wrapped his hole body with a shawl which was extended upto his toes. His mood was essentially normal except some anxiety about his body defect. The patient talked in normal voice. His conviction about the shrinkage of buttocks and hips was unshakable which related with delusion of reference. His sensorium and cognitive functions were normal. His basic personality appeared to be stable but insight lost. The case was investigated thoroughly and no considerable abnormalities were revealed.

He is diagnosed as delusional dysmorphophobia and oral antipsychotic, trifluperazine was given 15 mg daily in divided dose along with brief supportive psychotherapy to estaglish trustful relationship without agreement or challenging the patient's delusions. On subsequent visit after one month he told that process of muscle wasting was gradually stopped but there was no further improvement. Next visit after 3 weeks he complained of severe depressive symptoms but his dysmorphophobic symptoms subsided. He expressed that regeneration of imagined wasted muscle was started which he could felt by touch. The less tendency of warpping of the body was also reported. The antidepressant, imipramine was gradually added upto 125 mg daily in divided dose. The depression was improved and remitted after three months. The maintenance therapy of

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both drugs were continued. Patient's global functioning was improved near to normal but dysmorphophobic delusion was persisted.

Discussion :

The patient's condition fulfilled both the criteria of diagnosis of persistent delusional dysmorphophobia of ICD-10 and delusional disorder, somatic type of DSM III-R. His primary symptom was a somatic delusion. Since it is actually possible to be wasted of muscles the delusion was not bizarre. The persistence of nonbizarre somatic delution in the absence of other psychotic symptoms such as hallucinations and incoherence, a mood syndrome or a known organic cause indicates delusional disorder.

The cause of delusional disorder is not known. They are probably, heterogenous and have uncertain relationship with schizophrenia. Family studies suggest that delusional disorders are a distinct clinical entity. Long term followup of patients with delusional disorders found that their diagnoses rarely changed to schizophrenia or to a mood disorder suggesting that delusional disorders are not merely an early stage of these disorders. But the relative importance of genetic factors, personality characteristics and life circumstances in their genesis is uncertain and probably variable.

In the present case, depression developed after initial antipsychotic therapy but the delusional condition subsided. In a recent study it was reported that of the 49 patients with delusional disorders who received antipsychotic, 8 patients developed severe depressive symptoms typical of major depressive disorder. This study suggets that the delusion is a defence against depression. When the antipsychotic was withdrawn; the depression subsided but the delusion returned. It was also observed that the use of antidepressants in conjunction with low dose antipsychotic medication relieved both delusional and depressive symptoms. Similar result was obtained in the pharmacotherapy of the present case.

In this case, psychotherapy was proved helpful in improvement of the patient and the patient learned to adjust to the delusions that remained intact. Satisfactory social adjustment also achieved. It was reported that if the therapist provided the patient time to express the delusional material in an atmosphere of acceptance and then moved rapidly to reality issues the better and effective functioning of the life could be achieved.

So far the prognosis of the delusional disorder is concerned, followup studies reported that approximately 50% of the patients were recovered at long term followup, another 20% may have a decrease in symptoms and the final 30% have had no change in their symptoms. Here, in this case overall improvement was reported within six months of treatment though the core delusion was remained. The long term prognosis of this case may be good as because patients with persecutory, somatic and erotic delusions have a better prognosis than do patients with grandiose and jealous delusions.

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