Persistent Delusional Disorder in its relation with Affective Disorders and Schizophrenia

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Theoretical Background

Persistent delusional disorder is accepted as a distinct nosological category from Schizophrenia, by the ICD-10 (F22). In the research diagnostic criteria, it is specified that the duration must be longer than 3 months and intermittent depressive symptoms may be present (or depressive episodes - F32). On the other hand, in the circumscription of depressive and manic episodes (which are part of Monopolar Depression and Bipolar Disorder) subtypes with incongruent delusions, distinct from schizoaffective episodes, are described.

Persistent Delusional Disorder is more likely to be recognized as representing a pole of psychotic pathology distinct from Schizophrenia, as transitional forms are accepted (F22.8 Persistent Delusional Disorder accompanied by hallucinatory voices or schizophrenic symptoms that are not severe enough to fulfill the criteria for Schizophrenia - F20).

Despite this recognition, there are few studies on the long term of a Persistent Delusional Disorder centered casuistry, isolated or combined with affective pathology as a distinct casuistry from the pathology of Schizophrenia and Schizoaffective Disorder.

For a meaningful analysis, such studies can be performed best on the Case Register for functional psychoses, followed longitudinally.

The research objective was to determine the clinical and demographic profile of Persistent Delusional Disorder centered casework with an evolution of over 10 years. The research is part of a larger project of clinical-evolutionary study of the typology, diagnoses stability and defining characteristics of terrain for long-term evolution of functional psychoses.

The profile of the pathology centered on delusion (including dispositional) is scheduled to be compared with that focused on Schizophrenia (including Schizoaffective pathology).

An intermediate casuistry of Schizophrenia (paranoid) and Persistent Delusional Disorder, both studied on the long-term, has already been the object of targeted studies.

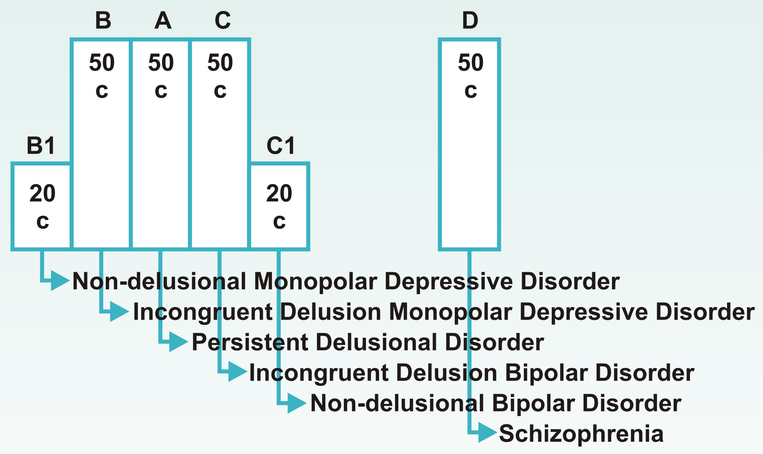
This project is conducted in expectation of bioanthropological and psychopharmacological research with high specificity, for various types of psychosis, with the research to date only including groups with large limits (both for Schizophrenia and for Schizoaffective disorder) defined on a short term basis.

Method

Cases were selected from the Timisoara Case Register for Psychoses (initiated in 1985).

Inclusion criteria:
- **over 10 years of evolution**
- **a stable diagnosis of over 5 years**
- **a minimum of 2 admissions**
- **ongoing outpatient service, sufficient information, various contacts**

We studied four groups of 50 cases and two control groups of 20 cases.



The Case Register of Functional Psychoses of Timisoara (CRFPT) operates continuously since 1985, and has recorded, between 1985-2004, 1621 cases (sample A), which were diagnosed as functional psychoses in the Psychiatric Clinic of Timisoara (Romania). The diagnostic criteria have been in accordance with the ICD 9/10, and the symptomatology was defined by the PSE 9/SCAN. To this first sample, we have added another sample consisting of well known cases of psychoses, already in case management, with their onset before 1985 (Sample B).

From its initiation to date, the CRFPT was coordinated scientifically and administratively by the same team. All case managers were trained in the Psychiatric Clinic of Timisoara and maintain regular contact with the research team. (1734 cases)

Results

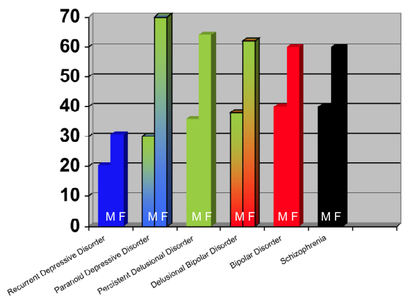
The data summarized in this communication, extracted from the Case Register, relate to socio-demographic information recorded at the onset of the disorder.

Other information regarding the clinical-evolutionary aspects, including diagnosis stability and characteristics of terrain, were the object of other presentations or are in the process.

The intention of highlighting these data is to establish a clinical, demographic and evolutionary profile regarding Persistent Delusional Disorder in its specific manifestation and in combination with mood disorders. These data will be compared with the Schizoaffective pathology and with broader samples of non-delusional Affective Disorder and Schizophrenia casuistry, fulfilling the requirements of this study.

Processed data have no statistical significance, and the casuistry is preselected by inclusion criteria. But within these criteria, some differences and trends can be found. Data presentation is percentual.

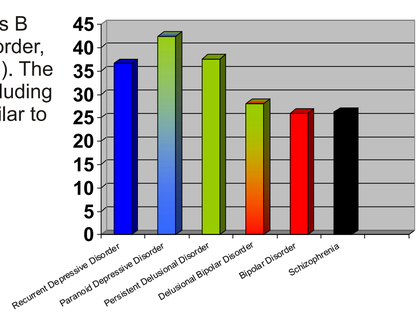
Gender distribution



In all studied groups, except Schizophrenia, women predominate. In the case of the targeted pathology (Sample A Persistent Delusional Disorder with an evolution of over 10 years), the men/women ratio is placed in the middle, the most significant difference being in the monopolar Depressive Disorder and the smallest in the non-delusional Bipolar Disorder group. The cases of mood disorder mixed with incongruent delusion tend to be placed with the target group A.

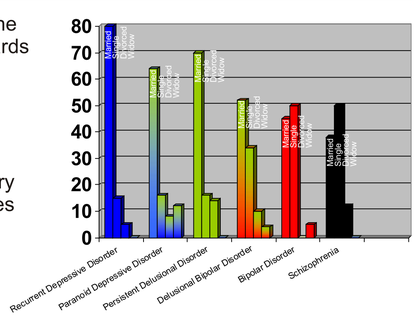
Average age at onset

Target group A is placed near groups B and B1 (monopolar Depressive Disorder, with or without incongruent delusion). The onset of Bipolar Disorder cases (including delusional) is at a younger age, similar to that of Schizophrenia.



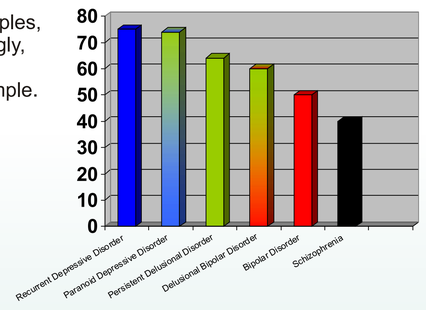
Marital status

Regarding marital status at onset, the same tendency of aggregation towards monopolar Depressive Disorder (delusional and nondelusional) is maintained. The fact that married people prevail to a point correlates with older age of onset. But the prevalence of divorce in this category may have a significance that requires interpretation, and so does the predominance of widowers in the Depressive Disorder class.



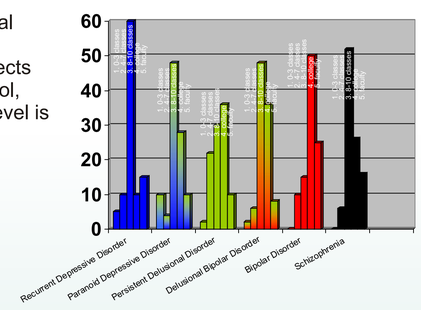
Parental status

This is similar to marital status of samples, regarding married subjects. Interestingly, there is a low number of children (legitimate) in the bipolar disorder sample.



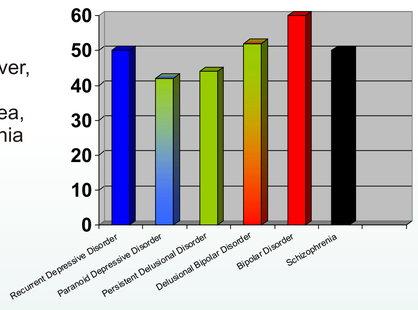
Educational status

In relation to comparative nosological categories, the target category of Persistent Delusional Disorder subjects has an upward trend until high school, then descending; the curve at this level is similar to that of Bipolar Disorder casuistry.



Genetic load

Regarding the known genetic load (poignant), differences between studied groups are not large, however, the group of Persistent Delusional Disorder is placed in the minimal area, compared to those with Schizophrenia and Affective disorder.



Discussions

Clinical and demographic data recorded at the onset of casuistry constantly evolving with a diagnosis of Persistent Delusional Disorder (non-schizophrenic) for over 10 years, shows features that support individualization of this disorder compared with Schizophrenia and Bipolar Disorder.

A relative proximity to monopolar Depressive Disorder is evidenced. The Delusional (paranoid) Depression casuistry appears as intermediate between the two disorders.

Conclusions

Persistent Delusional Disorder requires to be accepted as having a distinct clinical individuality from Schizophrenia. The long term (> 10 years) evolution of this pathology moves it towards Monopolar Depressive Disorder. The casuistry evolving long-term (> 10 years) with affective and delusional (incongruent, paranoid) episodes can constitute a nosological group that could be studied separately from Schizoaffective pathology.