DELUSIONAL PARASITOSIS TREATED WITH OLANZAPINE: AN EFFICACY STUDY

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BACKGROUND

Delusional parasitosis (DP), or Ekbom syndrome, is a rare disorder in which patients have a fixed false belief of being infested with parasites, worms, insects or bacteria. Originally described in 1894, it has been previously referred to as delusional parasitosis or parasitophobia neurodermatitis.

DP usually occurs after middle age in subjects over the age of 45 years, being more frequently reported in women. The onset is often insidious, and it is typically preceded by a primary tactile experience, such as pruritus or parasthesia, or tactile hallucination, which precipitates the secondary delusion of infestation. Sometimes, the delusion is shared by another significant person (folie a deux).

Several variants of DP have been distinguished. In primary DP, the delusion arises spontaneously as a monosymptomatic disorder. In secondary DP, delusional disorder develops in the course of another pathology, such as senile xerosis, renal insufficiency, hepatic insufficiency, organic cerebral dysfunction or psychiatric disorders (schizophrenia, dementia, depression, alcoholism and drug abuse).

Due to an unshakable belief of suffering from an infestation, these patients often refuse to seek psychiatric care and have to be treated in a dermatologic setting. DP patients present dermatological symptoms which include several skin lesions such as excoriations, nodular prurigo or trichotillomania.

Patients with DP have been classically treated with antipsychotic agents, being pimozide the traditional first line option. Extrapyramidal symptoms is the most important adverse effect. Due to the risk to suffer from tardive dyskinesia, which is irreversible, its use during long periods of time is not recommended. Nowadays clinicians prescribe new antipsychotic (risperidone, olanzapine and quetiapine) which have the same efficacy and a better adverse effect profiles.

OBJECTIVES

• Main objective: to investigate the efficacy and tolerance of olanzapine in DP.

• Minor objective: to analyse the personality traits of patients with DP.

MATERIAL AND METHODS

12 subjects with primary DP were included in the study. Patients received olanzapine in doses that ranged from 2.5 mg/d to 10 mg/d. The patient's improvement was evaluated by three questionnaires:

• Positive Syndrome Scale for Schizophrenia (PANSS): It is useful to assess schizophrenic symptoms.

• Clinical Global Impression Scale (CGI): This questionnaire monitors patient's improvement (self-assessment). It has two scales: severity of illness (CGIS) and the patient's improvement (CGIi).

• Millon Clinical Multiaxial Inventory-II (MCMI-II): This questionnaire provides a measure of 13 personality traits and 9 clinical syndromes.

Cutaneous manifestations:
The cutaneous signs resulting from chronic scratching to root out "parasites" were the following: Neurotic excoriations (n=2), Nodular prurigo (n=3), Lichen simplex (n=1) Trichotillomania (n=2) Lipodystrophy (n=1).

RESULTS

Characteristics of the sample:

2 men and 10 women were included in the study. The mean dose of olanzapine was 6.8 mg/day. Patients received olanzapine for a mean period of 12 months. There was one drop out of the study six months after starting the treatment. (Table 1).

Efficacy of olanzapine:

5 patients were cured, 3 subjects presented much improvement and other 3 patients showed moderate improvement.

Side effects:

2 patients showed weight gain and 3 cases reported sedation, that did not require olanzapine discontinuation.

CONCLUSIONS

1. Olanzapine is an effective treatment for primary DP, having few adverse effects.

2. PANSS and CGI scales seem to be useful tools to evaluate the response to Olanzapine in patients with DP.

3. An association between DP and high scores for some personality traits has been observed.

REFERENCES


