

Delirium parasitorum: shows marked clinical improvement with oral olanzapine

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Background

Delusional parasitosis (DP), or Ekbom syndrome, is a rare disorder in which patients have a fixed, false conviction of being infested with parasites, worms, insects or bacteria. Originally described in 1894, it has been previously referred in terms of phobia (dermatophobia or parasitophobic neurodermatitis). DP usually occurs after middle age in subjects over 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 paresthesia, or tactile hallucination, which precipitates the secondary delusion infestation. Sometimes, the delusion is shared by another significant person ("folie à deux"). Two variants of DP have been distinguished. In primary DP, the delusion arises spontaneously as a monodelusional 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).

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 used 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 (MCMII-II):** This questionnaire provides a measure of 13 personality traits and 9 clinical syndromes.

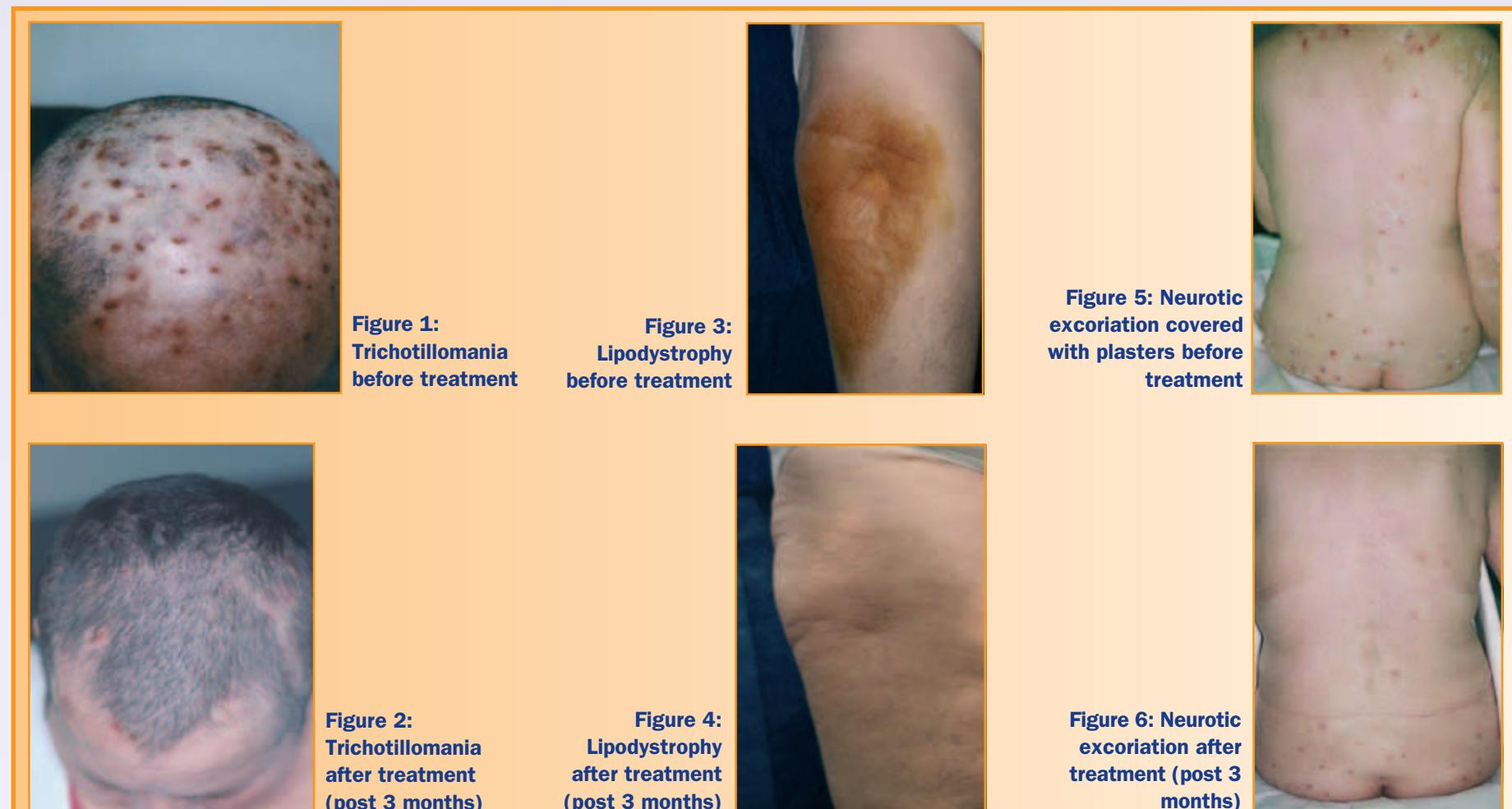
Cutaneous manifestations: The cutaneous signs resulting from chronic scratching to root out "parasites" were the following: Neurotic excoriations (n=2), Nodular prurigo (n=3), Lichen simplex (n=1), Trichotillomania (n=2), Lipodystrophy (n=1):

Patient 8: figures 1 and 2.

Patient 10: figures 3 and 4.

Patient 12: figures 5 and 6.

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 signs/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 are the most important adverse effect associates with pimozide. Due to the risk to suffer from tardive dyskinesia, which is irreversible, its use during long periods of time is not recommended. Nowadays clinicians usually prescribe new antipsychotic (risperidone, olanzapine and quetiapine) which have the same efficacy and better adverse effect profiles.



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).

Table 1: Sample characteristics

Number of patient	Age	Gender	Cutaneous signs	Concomitant ttm	Treatment period	Result
Nº1	45	Woman	Trichotillomania	—	12 months	Complete response
Nº2	40	Woman	Nodular prurigo	—	18 months	Complete response
Nº3	65	Man	Neurotic excoriation	—	12 months	Much improvement
Nº4	53	Man	—	—	12 months	Moderate improvement
Nº5	49	Woman	—	Paroxetine / Alprazolam	12 months	Moderate improvement
Nº6	55	Woman	Lichen simplex	—	14 months	Complete response
Nº7	61	Woman	Nodular prurigo	—	12 months	Complete response
Nº8	69	Woman	Trichotillomania	Venlafaxine / Lorazepam	12 months	Much improvement
Nº9	68	Woman	—	Trazodone	6 months	Drop out
Nº10	70	Woman	Lipodystrophy	—	12 months	Much improvement
Nº11	42	Woman	Nodular prurigo	Fluoxetine / Trazodone	12 months	Moderate improvement
Nº12	70	Woman	Neurotic excoriation	Lormetazepam	12 months	Complete response

Efficacy of olanzapine:

5 patients showed complete response, 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.

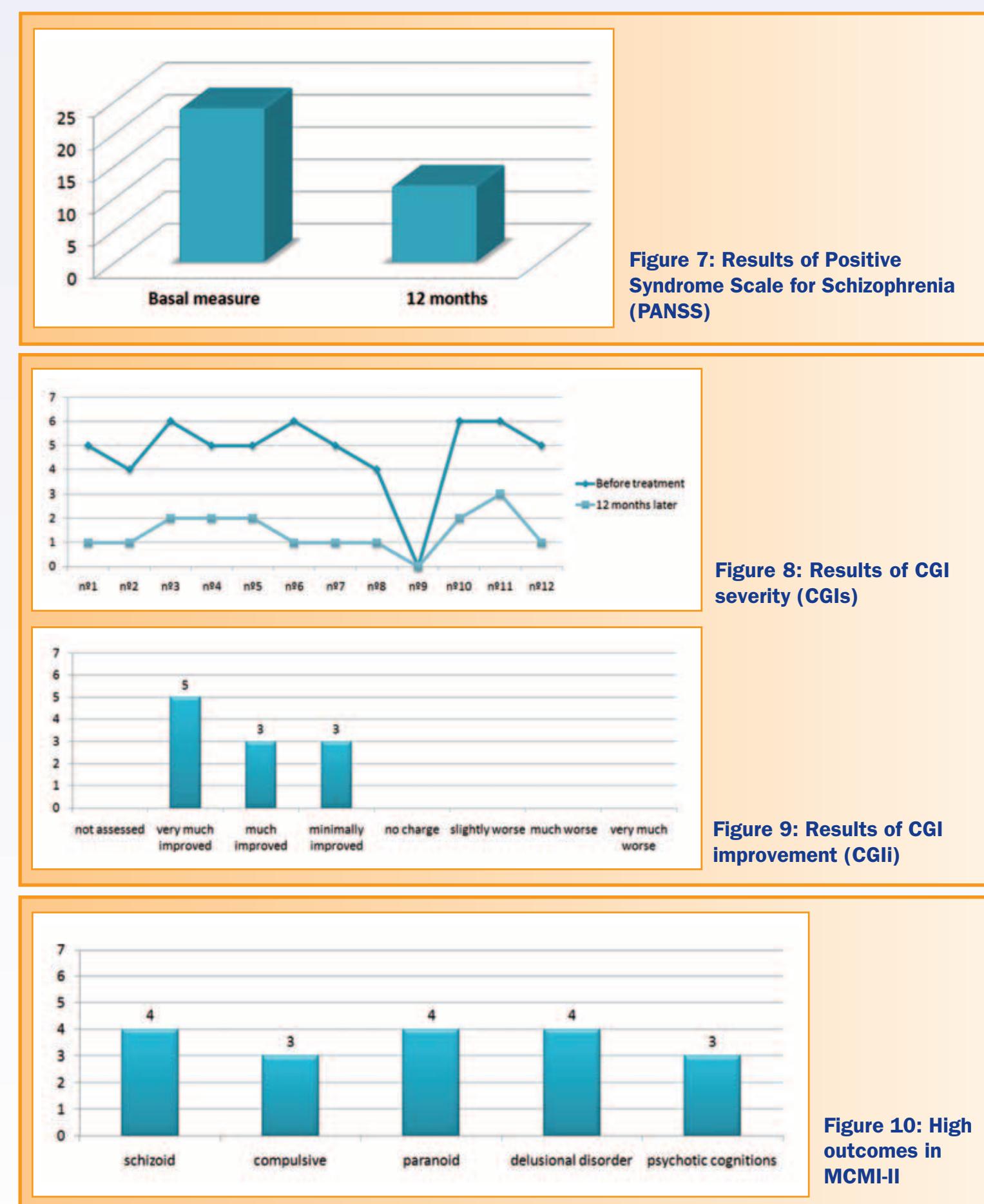
Conclusions

- Olanzapine is an effective treatment for primary DP, having few adverse effects.
- PANNS and CGI scales seem to be useful tools to evaluate the response to Olanzapine in patients with DP.
- An association between DP and high scores for some personality traits has been observed.

References

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Psychological test results: See figures 7 to 10.



Conflicts of interested: non identified