



## Delusional infestation: A clinical profile

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### ABSTRACT

**Objective:** Delusional infestation or delusional parasitosis is a form of monodelusional disorder, a condition sometimes encountered in psychiatric or primary care practice. The outcome of this condition is good when compliance can be ensured.

**Patients and methods:** In the present study, a series of 50 consecutive cases of delusional infestation is reported.

**Results:** A majority of cases (94%) had insidious onset. The duration of symptoms in all but 3 cases was 6 months or more. Twenty-eight cases presented with a delusion of infestation by insects over the body and 20 cases with a delusion of insects crawling over the scalp. Two cases had associated diabetes mellitus, 3 cases had leprosy, 2 cases had dementia, 5 cases had depression, and 4 cases presented with trichotillomania. Among the second generation antipsychotics, risperidone was used in 12 cases, olanzapine in 9 cases, amisulpride in 7 cases, etc. Thirty-four cases (68%) showed complete remission while receiving pharmacotherapy, 13 cases showed partial improvement, and 3 cases did not respond to treatment.

**Conclusions:** The study demonstrates the utility of second generation antipsychotics in the treatment of this disorder. Further studies are warranted to study the treatment and outcome of this important psychiatric disorder.

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## 1. Introduction

Since the publication of the article entitled: "Delusion of Parasitosis" by Gould and Gragg (1976), increased interest in this condition has been engendered in the psychiatric literature. Delusional parasitosis was first described by Thibierge (1894) and Perrin (1896). Various terms used in the literature to refer to delusional infestation or delusional parasitosis include Wittmaack-Ekbom syndrome, Ekbom syndrome, acarophobia, parasitophobia, dermatophobia, entomophobia, parasitophobic dermatitis, delusory parasitosis but the names ending with "-phobia" are misleading as there is no anxiety disorder (Munro, 1978; Berrios, 1985; Fredenmann and Lepping, 2009). In ICD-10 (WHO, 1993), it meets the criteria of persistent delusional disorder whereas in DSM-IV-TR (APA, 1994), it may be classified under delusional disorder, somatic type.

Delusional parasitosis, a term introduced by Wilson and Miller in 1946, is characterized by the single hypochondriacal, delusional system that the patient is infested with insects. It is one of the most common presentations of monohypochondriacal psychosis which occurs in absence of any other psychiatric illness (Munro and

Chmara, 1982). Delusional parasitosis has also been described as primary (not due to any other underlying psychiatric or physical disorder) or as secondary to dementia, psychosis (Lyell, 1983; Bhatia et al., 1993; Trabert, 1995; Ghaffari-Nejad and Toofani, 2006; Duggal and Singh, 2010), and medical conditions such as vitamin B12 deficiency, pellagra, severe renal disease, diabetes mellitus, multiple sclerosis, hepatitis, and leprosy (Berrios, 1985; de Lekon et al., 1992; Shome et al., 1993; Bhatia et al., 1992, 1993, 1996a,b) or drug-induced (Swick and Walling, 2005; Steinert and Studmund, 2006; Lopez et al., 2010). It can also occur as a folie a deux or folie a trios (Trabert, 1995; Bhatia et al., 1996a,b) as well as proxy (Nel et al., 2010). The present study describes a series of 50 cases of delusional infestation seen over a period of 8 years.

## 2. Methods

In the present study, 50 cases of delusional infestation diagnosed with criteria given in the literature (Munro, 1980; Munro and Chmara, 1982) seen in the psychiatry outpatient department of a tertiary care teaching hospital over a period of 8 years (2004–2011) are reported. Data on age at presentation, sex, and marital status, duration of symptoms, possible related factors, and history of any physical or psychiatric disorder were obtained. The routine and systemic investigations such as hemogram, urine examination, were done wherever required to rule out any

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suspected physical illness. The skin and medical specialists' opinion were sought if required to rule out any associated physical illness (e.g., scabies, pediculosis, neuropathy, etc.). Response to drugs was categorized as no effect, partial or some response and full remission. Treatment compliance was ensured by checking from caretakers, counting of tablets and asking about effects of drugs. Seeing the patients out of turn and psychoeducating them about the cause, treatment and outcome of disorder also helped in improving the compliance to treatment. Follow up was minimum for 6 months and maximum for 2 years.

### 3. Results

Table 1 summarizes the important findings in the 50 cases. Majority of cases (88%) were above 45 years of age. Thirty-three cases (66%) were females and 17 (34%) were males. 26 cases were married and 14 were widows and widowers. The onset was insidious in 47 cases (94%) while 3 cases (6%) had acute onset. The duration of symptoms ranged from 2 weeks to 2 years, all cases except three had duration of symptoms for 6 months or more, 28 cases (56%) presented with complaints of infestation with insects over the body, one case with a hypoesthetic area over the left eye and 2 cases with delusion of infestation of insects over the genitalia. Two cases brought skin excoriations as evidence of infestation with insects. A majority of patients (82%) had used local measures such as shampooing, excessive washing with soaps, application of lotions, and even shaving. Three patients presented with alopecia. There were 3 cases of delusional parasitosis with leprosy, 2 cases with diabetes mellitus, 5 cases with depression, 2 cases with dementia and 4 cases with trichotillomania. Among 2 cases with diabetes mellitus, onset of delusional infestation was about 2 years and 3 years respectively after diagnosis of diabetes. In patients with Leprosy, onset of delusional parasitosis was 6 months, 9 months and 1 year after diagnosis. Among psychiatric disorders, onset of delusional infestation was about 2 years after dementia. Trichotillomania developed 3–6 months after onset of delusional infestation. Among patients with depression, onset of delusional infestation was about 3 months before in 3 cases whereas 2 cases developed depression about 2–5 months after delusional infestation.

Of the 45 cases treated with various types of second generation antipsychotics (SGA's), 29 cases showed complete remission while

on the drug whereas 13 cases showed partial remission. Three cases did not show any improvement on being tried with separate trials of 2 or more different SGA's. Five cases of co morbid depression (4 also had trichotillomania) responded completely with fluoxetine (20 mg/d) (Table 2).

### 4. Discussion

Annual prevalence of delusional infestation is estimated as 80 cases per million with a yearly incidence of 20 per million (Trabert, 1997; Lepping et al., 2007). It has been described mainly in sporadic case reports. About 300 cases of delusional infestation have been reported. One of the largest series was reported by an entomologist who saw 100 cases in 5 years. In the present series, 50 cases were seen over a 8-year period.

In the present series, a majority (88%) of cases were above 45 years of age. The incidence according to age-group is unknown, although there appears to be a higher incidence of illness among middle aged and elderly individuals (Munro, 1980; Berrios, 1985; Bhatia et al., 1993; Boggild et al., 2010).

There is a higher incidence of illness among females (Lyell, 1983; Bhatia et al., 1993; Boggild et al., 2010) ranging from 2:1 to 3:1 consistent with this literature, in the present series, there were 65% females (a ratio of about 2:1). Other authors (Gould and Gragg, 1976; Munro, 1978), however, found the sex ratio to be equal.

The average duration of symptoms was more than 6 months in all the patients except two. This data is similar to previous studies (Munro, 1980; Lyell, 1983; Berrios, 1985) which have reported insidious onset and chronicity.

In the present study, 28 cases (56%) presented with delusions of insects crawling over the body, 20 cases (40%) presented with delusion of insects crawling over the scalp and 1 case with a hypoesthetic area over the left eye. Two patients presented with matchboxes containing peeled off skin and filth as evidence of their infestation with insects. This has also been described as the "Matchbox Sign" or "Saran-wrap sign" in the literature (Lancet, 1983; Berrios, 1985; Morris, 1991; Lepping et al., 2007; Hylwa et al., 2011). Many studies on delusional parasitosis (Munro, 1978; Lyell, 1983; Berrios, 1985) have described the use of insecticides, pest control measures, involvement of entomologists, and spraying the whole house with insecticides and fumigants, purification rituals, and shaving the body area.

Delusional parasitosis has been described in association with many physical illnesses (Berrios, 1985; Sheppar et al., 1985; Bhatia et al., 1993, 1996a,b) such as vitamin B12 deficiency, pellagra, neurosyphilis, multiple sclerosis, thalamic dysfunction, hypophyseal tumors, diabetes mellitus, severe renal disease, hepatitis, hypothyroidism, mediastinal lymphoma, and leprosy. In the present series, there were 3 cases with associated leprosy and 2 cases with associated controlled diabetes mellitus. There

**Table 1**  
Clinical profile of cases with delusional infestation (N=50).

Clinical pattern	Number	Percentage
(I) Onset		
Insidious	47	94
Acute	3	6
(II) Duration		
Less than 6 months	3	6
6–12 months	23	46
More than 1 year	24	48
(III) Area of involvement		
Body	28	56
Scalp	20	40
Face	1	2
Eyelid	1	2
(IV) Medical comorbidity		
Diabetes mellitus	2	4
Leprosy	3	6
Nil	45	90
(V) Psychiatric comorbidity		
Dementia	2	4
Depression	5	10
Trichotillomania	4	8
Nil	39	78

**Table 2**  
Response to various categories of drugs.

Drug	Complete remission	Partial remission	No response
Risperidone (N=12)	8	3	1
Olanzapine (N=9)	5	3	1
Amisulpride (N=7)	3	3	1
Quetiapine (N=5)	3	2	0
Aripiprazole (N=5)	4	1	0
Paliperidone (N=5)	4	1	0
lloperidone (N=2)	2	0	0
Fluoxetine <sup>a</sup> (N=5)	5	0	0
Total (N=50)	34	13	3

<sup>a</sup> Fluoxetine (20 mg/d) was used in patients with co morbid depression.

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