Introduction
A delusion is a fixed false belief. To the patient it’s a glaring universal truth - one that can’t be denied. To the rest of the world there’s no sound basis whatsoever, however. Delusions often can’t be confronted, so it’s best not to try. Put another way, the patients have no insight. In dealing with delusion disorders it’s critical to identify the duration of symptoms, and how bizarre the delusion / illogical the thought process. Study schizophrenia carefully and learn how other delusional disorders are simply spin-offs of this one disease.

Schizophrenia
Schizophrenia is a thought process disorder with an unknown etiology. There’s definitely a genetic component while an overload of dopamine (confirmed) and serotonin (likely) contribute to a constellation of thought symptoms culminating in the final diagnosis. Schizophrenia typically presents in young adults (20s) following a major life stressor (college) with a psychotic break. A normal healthy child suddenly snaps, acts bizarrely, and hopefully gets on meds. Of course acute psychosis in a teenager may be drug abuse, which must be ruled out first. The end result of schizophrenia is a lifetime of relapses with ever declining mental functioning with each break. The diagnosis of schizophrenia is based on positive symptoms (things that are there that shouldn’t be) such as Bizarre Delusions (impossible, often about persecution), hallucinations (often auditory) presenting as responding to internal stimuli, and negative symptoms (things that should be there but are lost) such as a flat affect, poverty of speech, anhedonia, and cognitive defects. There are also subtypes of schizophrenia.

i. Disorganized carries the worst prognosis. Patients have very little contact with reality. These are the guys found masturbating in public or howling at the moon.

ii. Catatonic is characterized by psychomotor disturbances. They either sit in the same spot doing nothing (immobility, mutism, waxy flexibility) or they go crazy-all-over (echolalia, echopraxia, and hypermotility).

iii. Paranoid is the most common form. Patients have the delusions of grandeur and persecution. Hallucinations rule their thoughts.

Despite different subtypes, treatment is the same for all types. Antipsychotics are divided into two forms: typical (Side Effects, □) Symptoms only, cheap, old) and atypical (Side Effects, □ and □ symptoms, expensive, new). All variants (below) are treated the same way except for the duration of treatment which mirrors the shorter duration of symptoms that defines the variants.

i. Schizoform is schizophrenic symptoms lasting < 6 months. It’s usually a psychotic break rather than an isolated disease; the patient often progresses to full blown schizophrenia at 6 months. Still, treat for 3-6 weeks and monitor for resolution.

ii. Acute Psychotic Disorder is schizophrenic symptoms lasting < 1 month, typically following a severe stressor. Monitor or treat

iii. Schizoaffective has elements of mood (mania or depression) dominated by delusion. Treat both the mood and the schizophrenia. Always treat delusions first (Antipsychotic before antidepressant).

Delusional Disorder
The delusions are fixed, false beliefs but are non-bizarre (not true, but believable). There’s a logical thought process and everything they say is legit (except the delusion). There’s no loss of function, but the delusion may cause legal or relationship trouble. Treatment is gentle confrontation over years of psychotherapy - no drug will do.