Objectives

- Understand that delusions of parasitosis is a diagnosis of exclusion
- Understand several diseases that can present like delusions of parasitosis
- Understand that this is a clinical medical condition and causes significant distress to the patient

Typical Patient Scenario:

- A 55-year-old male, with a past medical history significant for depression presents after seeing 3 local dermatologists. He states he has been tested and treated for scabies multiple times without improvement and that his dermatologists have been unable to help him. He complains of black dots crawling all over his skin. He has never traveled outside of the country, but believes these are a foreign or tropical bug. He believes these came from eggs excreted through his anus at night time. He is currently isolating himself from his wife and grandchildren over fears of passing this on, and he has taken his dog to the vet multiple times as his dog is having the same symptoms...

Typical patient

- Female predominance (~2.5:1, F:M > age 50)
- Often affects poorly educated and lower socioeconomic classes; however, can affect even highly educated people
- Have been treated for scabies multiple times
- Often bring in bags of “bugs,” skin, hair particles, band-aids to prove they are infested (match-box sign)
- Usually have very elaborate descriptions of the bugs and how they reproduce
- Have seen numerous physicians, are often distrustful at this point and in despair
- May be self-medicating with prescriptions drugs used for animals

Matchbox sign
What it is:

- A number of conditions affecting neurologic or psychiatric affect resulting in a feeling of bugs crawling on the skin
- There is a variation of seeing and feeling fibers in the skin instead of parasites (Morgellon’s disease)
- There is a variation of terrible body odor (delusions of bromhidrosis)
- Can also manifest with visual and auditory perceptions, although at this stage would be better classified as schizophrenia
- Folie à deux (“madness for two”) – Primary delusion can be carried over to one or more members of the family, close friends or colleagues, thus all share the belief that an infection is present

Always remember:

“"A madman sees what he sees.“

- G. R. R. Martin

Disease Challenges:

- Excluding similar diseases
- Who should treat the patient?
- Obtaining reliable data on the disease
- Having honest discussions with patients
- Stigmatization
- Risks of drug abuse
- Redirecting fixated thoughts
- Treatments

Disease Challenges:

- Excluding diseases with similar presentations:
  - Drug Abuse
  - Scabies
  - Lice
  - Bed bugs and infestations
  - Thyroid Disease
  - Kidney Disease
  - Liver Disease
  - Schizophrenia
  - Bullous pemphigoid

Scabies

Scabies
Disease Challenges:
- Who should treat the patient?
  - Psychiatry?
  - Dermatology?
  - Infectious Disease?
  - Neurology?
  - Entomology?

- Having honest discussions with patients
  - Do you tell them they have delusions?
    - No established guidelines on the appropriate approach
  - Support, they are not the only people with these symptoms
  - Avoid social isolation
Disease Challenges:

- Stigmatization
  - Social implications of infestations of bugs as well as mental health
  - Challenges given that effective treatments are FDA approved for schizophrenia

- Risks of Drug Abuse
  - Especially in younger patients
  - Common for patients with opioid withdrawal and methamphetamine stimulants to complain of formication

- Redirecting Fixated Thoughts
  - Time, how do we provide what the patient needs but also have time to care for others
  - Compromising or setting boundaries, even if there is a disagreement as to the disease

- Physician burn-out
  - Maintaining sympathy and patience

Disease Challenges:

- Treatments:
  - Nothing is FDA approved for “delusions of parasitosis”
  - Effective treatments are FDA approved for schizophrenia
  - While effective, there is a high risk of treatment related adverse events (e.g., sedation, weight-gain, cholesterol increases, and movement irregularities/abnormalities)

Questions

- Thank you:
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