

## Guideline 5: Delusional Disorder

### 5A. Diagnosis of Delusional Disorder<sup>Question 4</sup>

The features that the experts considered most important in diagnosing delusional disorder reflect the criteria given in the DSM-IV. The experts stressed the importance of accurate differential diagnosis to rule out the effects of medications, medical illness, delirium, schizophrenia, and depression.

Most important discriminating features	Also consider
Nonbizarre delusions that have lasted at least 1 month The person does not display disorganized speech or disorganized or bizarre behavior No prominent auditory or visual hallucinations No evidence that the patient has recently used drugs (e.g., psychostimulants) that can cause delusions Aside from the delusions, the person's functioning is not markedly impaired Workup rules out a medical illness (e.g., dementia of the Alzheimer's type) that could be causing the delusions Absence of alterations in consciousness or impaired attention	The person does not have negative symptoms (affective flattening, alogia, avolition) Absence of cognitive impairment Absence of mood symptoms, or mood symptoms of brief duration

### 5B. Selecting Treatments for Delusional Disorder<sup>Question 24</sup>

An antipsychotic was the only treatment recommended by the experts for delusional disorder.

### 5C. Selecting Antipsychotics for Delusional Disorder<sup>Question 25</sup>

The experts' first-line recommendation for delusional disorder in an older patient was risperidone, followed by olanzapine and quetiapine as high second-line options at the dosages noted below. There was no consensus on aripiprazole and ziprasidone, while conventional antipsychotics and clozapine were rated third line.

Preferred	Also consider
Risperidone 0.75–2.5 mg/day	Olanzapine 5–10 mg/day Quetiapine 50–200 mg/day