Communication skills when seeing a patient with delusional infestation

A. Ahmed, A. G. Affleck, J. Angus, I. Assalman, S. E. Baron, A. Bewley, J. M. R. Goulding, R. Jerrom, P. Lepping, H. Mortimer, R. Shah, R. E. Taylor, A. R. Thompson, M. F. Mohd Mustapa and L. Manounah

Objectives

Engagement	Treatment	Risk assessment
• How to engage patients with delusional infestation (DI)	• How to discuss antipsychotic treatment with patients with DI	• Evaluating risk in patients and those close to them

Engagement (1)

- Explore how fixed the belief of infestation is (delusional intensity), and whether the patient would consider an alternative explanation
  - "Could it be that the infestation you are describing has passed and now you are experiencing ongoing skin symptoms due to the nerves in your skin becoming sensitive/overactive?"
  - "We are trying to find out what causes your symptoms. We find that such symptoms can be caused by a variety of things. Do *you* consider that possible?"

- People with DI have often experienced symptoms for lengthy periods and have encountered negative experiences with healthcare professionals who have not verified their disease beliefs. Allow sufficient time to let patients tell their story uninterrupted, demonstrating active listening.

Lepping P, Huber M, Freudenmann RW. How to approach delusional infestation. BMJ. 2015 Apr 1;350:h1328. doi: 10.1136/bmj.h1328. PMID: 25832416.

Engagement (2)

- People with DI can feel that they have not been heard, or their symptoms have been dismissed. Acknowledge distress and use an empathic approach
  - “I can see these symptoms are distressing for you.”
  - “It sounds like you’ve had a dreadful time recently.”
  - “I believe you about your genuine physical symptoms.”

- Evaluate associated psychological symptoms
  - “Are you feeling low in mood?”
  - “Do you feel anxious, like something bad is going to happen?”
  - “Are you eating/sleeping as usual or has this changed?”

- Avoid reinforcing or questioning delusional beliefs; instead, talk about symptoms using the patient’s language (e.g., ‘itch’, ‘crawling’, ‘sensations’) rather than ‘the infestation’.

Engagement (3)

- Discuss negative results constructively
  - “The results have not isolated any pathogen so far, but this is not uncommon in my experience. I know that you have been experiencing the symptoms that you describe.”
- It is helpful to discuss rationale for not performing unnecessary investigations
  - “In my experience a skin biopsy does not isolate significant results and can delay useful treatment.”
- Patients often want a diagnosis; it is important to reassure them that all options are being considered, but more so to start effective treatment
  - “I would like to find out what causes your symptoms, but there are many possibilities, and we need to keep an open mind.”
  - “I appreciate it is hard not having an exact diagnosis, but let us focus on a plan to help you feel better in the meantime.”

Treatment

- Discuss antipsychotics as a treatment for symptoms and associated psychological distress
  - “I can see this is distressing for you and you are suffering. Would you like me to prescribe something that will make you feel calmer and cope better with the symptoms?”
  - “This medication is used in much higher doses to treat schizophrenia, which you don’t have; in your case it is being used to help settle down the physical symptoms you are describing.”
  - “If we use the example of aspirin, we know that large doses are required to treat a heart attack, but a much smaller dose is used to treat aches and pains. This means the same medication can be used for different indications.”
  - “In my experience this medication can relieve suffering/itching/distress in patients with problems like yours.”

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Risk assessment

Evaluate risk of suicide in people with DI

- “Have things ever been so bad that you have thought your life is not worth living?”
- “Have you ever thought about acting on those sorts of feelings?”
- “Have you done anything to harm yourself?”
- “What has stopped you from acting on these thoughts/feelings?”

Evaluate risk to others

- “Do you think your children have the same problem as you?”
- “Are there people close to you that you think have the same problem?”
- “Do they also say they have this problem?”

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