A PHENOMENOLOGICAL STUDY OF DELUSIONS IN DEPRESSION
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SUMMARY
Eighteen percent of Major Depressive cases attending a general hospital had delusions. There were 10 types of delusions and delusions of persecution occurred most frequently (67.5%), with persecution involving either the patients themselves or people close to them occurring in 50% each. The majority of patients considered the persecution to be unjustified and reacted by taking precautions, pleading for help and protection. Delusions of reference were the next in frequency. Hypochondriacal, guilt and nihilistic delusions which are considered classical in depression were relatively uncommon. The delusions had a temporal relationship with depression, were unstable and rapidly responded to treatment.

INTRODUCTION
The prevalence of delusions in depression has been reported in Western studies to be between 15 and 30% (Mezzich & Raab, 1980; Eagles, 1983; Lehmann, 1985; Spiker et al, 1985). In India, delusions are considered uncommon in depression (Venkoba Rao 1966, 1981, 1986; Rajeev Gupta et al, 1982; Shastri, 1984). There are no exclusive phenomenological studies of delusions in depression. The present study, conducted in a general hospital psychiatric clinic, examines the frequency, type, content, relation to socio-demographic factors and other characteristics of delusions in Major Depressive Disorders.

MATERIAL AND METHODS
All cases fulfilling the Research Diagnostic Criteria for Major depressive disorder from March to October 1989 were screened for delusions. There were 40 such cases. Another 40 cases who had no delusions were selected randomly as control. Delusions were identified as per the Schedule for Affective Disorder and Schizophrenia (SADS). Severity of depression was measured using Hamilton's Depression Rating Scale (HDRS) and the severity of delusions were measured on a 6-point Delusion Rating Scale (DRS) using SADS. Cases were followed up for four weeks and HDRS and DRS were administered in the second and the fourth week.

RESULTS
Out of 729 cases during the study period, 219 (30%) qualified for Major depressive disorder. Forty cases (18%) had delusions.

Socio-demographic characteristics, past and family history of psychiatric illness did not vary except that there were more married patients in the delusional group (p<0.01). Delusional cases had a shorter duration of illness (p<0.05).

Twenty cases had single delusions and another twenty had multiple delusions. There were ten types of delusions, occurring in the following frequency: persecution (67.5%), reference (32.5%), harming others by loss of self control (12.5%), infidelity (12.5%), guilt (10%), hypochondriacal (7.5%), neglect (5%), possession (5%), defamation (2.5%) and asceticism (2.5%).
Type Of Delusions

Delusions of persecution;
Delusions of neglect
Hypochondriac delusions
Delusions of harming
Delusions of guilt
Delusions of infidelity/morbid jealousy
Hypochondriac delusions
Delusions of neglect
Delusions of possession
Delusions of defamation
Delusions of asceticism

Involving close people
Involving patients

Table No.2
Frequency Of Types Of Delusions (n=40)

| Type Of Delusions          | Single | Multiple | Total | %   |
|---------------------------|--------|----------|-------|-----|
| Delusions of persecution: |        |          |       |     |
| (a) Involving patients    | 10     | 17       | 27    | 67.5|
| (b) Involving close people| 7      | 17       | 24    | 55  |
| Delusions of reference    | 3      | 10       | 13    | 32.5|
| Delusions of harm         | 2      | 3        | 5     | 12.5|
| Delusions of guilt        | 1      | 4        | 5     | 12.5|
| Delusions of infidelity/morbid jealousy | 3  | 1        | 4     | 10.0|
| Hypochondriac delusions   | 0      | 3        | 3     | 7.5 |
| Delusions of neglect      | 1      | 1        | 2     | 5.0 |
| Delusions of possession   | 1      | 1        | 2     | 5.0 |
| Delusions of defamation   | 1      | 0        | 1     | 2.5 |
| Delusions of asceticism/religion | 1  | 0        | 1     | 2.5 |

Table No.3
Relationship Between Socio-demographic Variables And Delusions (n=40)

| Type Of Delusions          | Total Cases | Age <30 | Age >30 | Sex M | Sex F | Maritalstatus S | Maritalstatus M | Education ≤10 | Education >10 |
|---------------------------|-------------|--------|---------|-------|-------|-----------------|----------------|--------------|--------------|
| Delusions of persecution: |             |        |         |       |       |                 |                |              |              |
| (a) Involving patients    | 24          | 12     | 12      | 13    | 11    | 22              | 2              | 18           | 6            |
| (b) Involving close people| 13          | 7      | 6       | 6     | 9     | 4               | 4              | 7            | 6            |
| Delusions of reference    | 13          | 8      | 5       | 5     | 8     | 11              | 2              | 10           | 3            |
| Delusions of harm         | 5           | 3      | 2       | 1     | 4     | 1               | 4              | 1            | 1            |
| Delusions of guilt        | 5           | 4      | 1       | 3     | 2     | 3               | 2              | 3            | 2            |
| Delusions of infidelity/morbid jealousy | 4  | 3  | 1        | 1     | 3     | 4              | 4              |              |              |
| Hypochondriac delusions   | 3           | 2      | 1       | 2     | 1     | 2               | 1              | 1            | 2            |
| Delusions of neglect      | 2           | 1      | 1       | 1     | 1     | 1               | 1              | 1            | 1            |
| Delusions of possession   | 2           | 2      | -       | -     | 2     | 2               | 2              | -            | -            |
| Delusions of defamation   | 1           | 1      | -       | -     | 1     | 1               | 1              | -            | -            |
| Delusions of asceticism/religion | 1  | 1  | -       | -     | 1     | 1               | 1              | -            | -            |

Table No.4
Content Of Delusions Of Persecution

| Nature          | Involving Patients (n=24) | Involving Close People (n=13) |
|-----------------|--------------------------|-----------------------------|
|                 | No | %   | No | %   |
| NATURE          |    |     |    |     |
| Kill            | 7  | 19.2| 5  | 38.5|
| Harm            | 15 | 62.5| 8  | 61.5|
| Poison          | 9  | 37.5| -  | -   |
| Black magic     | 7  | 29.2| -  | -   |
| Others          | -  | -   | 2  | 15.4|
| AGENCY          |    |     |    |     |
| Strangers       | 9  | 37.5| 7  | 53.8|
| Family and close| 6  | 25.0| 1  | 7.7 |
| Not specific    | 9  | 37.5| 5  | 38.5|
| PERSONS INVOLVED|    |     |    |     |
| Children and grand children | 7  |     | 53.8|
| Spouse          | 1  |     | 1  | 7.7 |
| Other family members | 6  |     | 46.1|

DISCUSSION

The 18% prevalence of delusions in depression is in agreement with Western figures of 15 to 30% (Mezzich & Raub, 1980; Eagles, 1983; Spiker et al, 1985; Lehmann, 1985) and 14% in an Indian study (Derasing & Shah, 1988). This figure is high when compared to the 2-5% prevalence reported in a WHO multicentre study (1983), in which a wide spectrum of depressive illness were included. The short duration of illness in delusional cases may be due to early consultation as a result of disturbance.

The high frequency of occurrence of persecutory delusions and the infrequent occurrence of delusions considered to be more characteristic of depression corresponds with the findings of Charney and Nelson (1981) and Eagles (1983). Interestingly, in 50% persecution involved people close to patients in addition to themselves and in 3 (11%) cases it occurred alone. This type of delusion occurred without any hallucinations and perceptual changes in contrast to the opinion expressed by Hamilton (1985). Occurrence of this form of delusion with an interpersonal dimension may be due to a strong family bond. Interpersonal psychopathology may possibly be more diagnostic of depression. Although our observation needs confirmation, because of the above considerations we feel that it is clinically advantageous to subclassify this form of delusion (and we prefer to call these as extended persecutory delusions).

Unjustified quality of persecution in contrast to justified or well deserved quality expected in depression (Hamilton, 1985; Venkoba Rao, 1986) may be due to depression attributed to delusions (Hamilton, 1985) or cultural factors. Indian patients may deny responsibility for their actions believing in the philosophy of Karma or by denial of personal humiliation wherever possible (Sethi & Dube, 1982). These factors may also explain the low occurrence of delusions of guilt in comparison to western patients (Charney & Nelson, 1981; Eagles, 1983). It may
also be that in Indian patients guilt is either less evident (Bhattacharyya & Vyas, 1969; Teja et al., 1971; Bagadia et al., 1973, 1976; Venkoba Rao, 1986) or, being impersonal, is less manifest and less individualized (Sethi & Dube, 1982). However there have been studies which have reported a high frequency of guilt in Indian patients (Ansari, 1969; Ponnudurai et al., 1981; Rajeev Gupta et al., 1982; Derasari & Shah, 1988). To some extent this difference has been attributed to imprecise tools and definition (Sethi et al., 1973; Rajeev Gupta et al., 1982).

One patient, who later responded to treatment, had a delusion of asceticism; she had abruptly expressed a strong desire to renounce family and become a "sanyasin". She had married of her own accord only two months earlier and had no marital disharmony. We have also treated a Bipolar Manic Depressive with similar symptoms on an earlier occasion. Such a sudden expression, to a delusional extent, of a desire for a different life style without any indication, preparation or valid reasons during premorbid state could be a sign of affective illness. Concomitant depression and less stable delusions responding well to treatment is in agreement with the conclusions of Charney and Nelson (1981) and Venkoba Rao (1986).

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