



The Diagnosis of Delusional Disorder with Hallucinations versus Schizophrenia-Spectrum Disorder



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Introduction

This case report highlights an example of delusional disorder with auditory hallucinations, a rare presentation of delusional disorder.

Delusional disorder is a relatively rare disorder (*lifetime prevalence: 0.15%*) with associated hallucinations affecting approximately 33% of patients. Of those, tactile and olfactory represent the vast majority of hallucinations.¹

Schizophrenia-spectrum disorders are comparatively common (*lifetime prevalence: 1.2-2.5%*) with auditory hallucinations present in 80% of cases with hallucinations.²

Case Description

31-year-old male active-duty soldier, with no prior psychiatric history, hospitalized due to:

- **five-month history of intrusive fear that other people his unit & barracks thought he was a pedophile**
- persistent concerns that he was viewing child pornography & may be a pedophile
- **auditory hallucinations** accusing him of pedophilia
- significant distress leading to **two suicide attempts**

Mental status exam:

- NO negative symptoms, disorganized thought processes, cognitive impairment, or prominent mood symptoms

He disclosed these concerns (including concerns about the nature of his pornography) with multiple individuals, including work colleagues, his commander, and family.

His command described him as an above-average soldier with **no decline in performance**.

Risperidone 1 mg daily resulted in complete resolution of the auditory hallucinations. Although the intrusive fears of being considered a pedophile persisted, the resolution of hallucinations markedly reduced his distress and eliminated his suicidal ideation.

Disorder	Clinical Features	Level of Function
Schizophrenia > 6 months	≥ 2 (≥ 1 if brief psychotic) of the following, with ≥ 1 of the first three:	Impaired
Schizophreniform 1-6 months	(1) Delusions (2) Hallucinations (3) Disorganized speech (4) Disorganized/catatonic behavior	May be impaired
Brief Psychotic < 30 days	(5) Negative symptoms (schizophrenia/-aform only)	Impaired
Schizoaffective variable	- Meeting criteria for schizophrenia AND major mood episode - delusions/hallucinations ≥ 2 week in absence of mood symptoms - mood symptoms present during most of the course of illness	Impaired
Delusional > 1 month	- At least one delusion - No other psychotic features (disorganized speech, negative symptoms) - Hallucinations are non-prominent and connected to delusional theme	Not markedly impaired

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Discussion of Differential Diagnosis

Schizophrenia-Spectrum Disorders

Despite being on our initial differential, this patient failed to meet criterion B of schizophrenia disorder. Given the timeline of his symptoms, he would also very soon not meet criterion B of schizophreniform disorder.

- + auditory hallucinations
- + paranoid delusions
- no negative symptoms
- no disorganized speech
- no decrease in professional or social function

Delusional Disorder

Persecutory delusion that specific groups of people think he is a pedophile, with hallucinations of hearing their voices.

- + single, specific delusion
- + single, specific hallucination linked to delusional theme

Misattribution of Inner Speech

- + persistent ego-dystonic thoughts
- multiple, specific, discrete voices
- voices originating outside of patient's head

Pedophilic Disorder

This patient failed to meet criterion A or B of pedophilic disorder. Further, descriptions of his pornography did not include underaged participants; instead, his concern related to its "anime" stylization.

- + self-admitted concerns he is a pedophile
- + concerns about nature of his pornography consumption
- denied any sexual attractions or fantasies about minors
- denied desire to engage in sexual activities with minors

Obsessive-Compulsive Disorder

- + thoughts he might be a pedophile (obsession)
- + sharing these thoughts with multiple people (compulsion)
- easy to suppress conversations about obsessive topic

Major Depressive Disorder

- + Low self-esteem, shame, suicidal actions
- Symptoms better explained by ego-dystonic delusions

Schizotypal Personality Disorder

- + patient and collateral describe him as "socially awkward"
- + difficulty pursuing desired relationships
- + socially taboo behaviors/conversations

Conclusion

This case illustrates the need for a systematic, rational approach to resolve diagnostic ambiguity, avoid misdiagnosis, and inform treatment options.

Although delusional disorder is relatively rare compared to schizophrenia, correct diagnosis is not only prognostically important but also directly impacts treatment options and maintenance therapy.

Disclosure/Disclaimer/References

The authors have no conflicts of interest to disclose. This information is representative of the authors' opinions & does not represent the official policy of the US government, Department of Defense, US Army, or US Air Force.

[1] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed., text rev. American Psychiatric Association; 2022.

[2] McCarthy-Jones S, Smailes D, Corvin A, et al. Occurrence and co-occurrence of hallucinations by modality in schizophrenia-spectrum disorders. *Psychiatry Res.* 2017;252:154160.doi:10.1016/j.psychres.2017.01.102