UNDERSTANDING YOUR DIAGNOSIS

Delusional Disorder

Also called Delusional Disorder

You hold one or more strong beliefs that other people do not share, while the rest of your life carries on much as before.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 2 in 1,000 people	Middle age or later	Yes - worry eases first	Hundreds of thousands in US

What this is

- This diagnosis means holding one or more firm beliefs that other people, including your doctors, do not share.
- It is not a split personality, and it is not schizophrenia. Memory, thinking, and daily life usually stay intact.
- The belief feels completely real to you. That is part of the condition, not a sign that you are foolish or weak.
- Treatment aims to lower the stress and time the belief costs you, not to win an argument about who is right.

What it can look and feel like

- You may be certain someone is following you, lying about you, or out to harm you, and no proof ever settles it.
- You may believe a partner is unfaithful, and find yourself checking phones, following, or gathering evidence.
- You may be sure a person you barely know is in love with you, and read hidden messages in ordinary contact.
- You may feel bugs on or under your skin, or believe a body part is diseased, when tests keep coming back clear.
- The belief takes up more and more of your day, while work, chores, and appearances stay fairly normal.
- You may feel angry or hurt that family and doctors do not believe you, and start keeping it all to yourself.
- You may end up seeing many specialists, lawyers, or police, and still feel that nobody is really listening.

What is happening in your brain and body

- Dopamine, a brain chemical that tags what matters, can run high in one narrow area, so a single idea gets locked in.
- The brain hunts for proof that it is right and skips past whatever does not fit. Everyone does this a little.
- Hearing loss and vision loss make it easy to misread the world, and both raise the chance of these beliefs later in life.
- Some medicines and drugs, such as steroids, stimulants, and Parkinson's medicines, can cause the very same picture.
- Beliefs that start after age 50 deserve a brain scan and a check for stroke, tumor, or a memory illness.

What can make it more likely

- Being cut off from other people, moving to a new country, or living alone raises the chance for anyone.
- Family history matters. Relatives of people with this condition more often have guarded or distrustful traits.
- A long-standing habit of expecting bad motives from others can harden into a fixed belief under heavy stress.
- Untreated hearing or vision loss is one of the most fixable risks, especially for older adults.

What to expect

- This tends to be long-running, but many people keep working, keep a home, and stay close with family throughout.
- Medicine usually eases the worry and loosens the grip of the belief before the belief itself shifts, if it does.
- Give a medicine 8 to 12 weeks before deciding it is not working. Progress here is slow and steady, not sudden.
- The goal is a calmer life with less time lost to worry and checking, not proving anybody wrong.

What helps

Treatment works. Most people get better.

Talking therapies

- **Talk therapy** works best when your therapist takes your experience seriously and looks at it with you, not against you.
- Early sessions are about trust. A good therapist will not argue with you, and will not pretend to agree either.
- Together you test what the belief predicts, in small real-world steps, and see what actually happens each time.
- **Motivational interviewing** helps you sort out mixed feelings about medicine without anyone getting cornered.
- Family sessions help lower the temperature at home and agree on what everyone does in tense moments.

Medicines

- **Antipsychotics** are the main option. They usually ease the distress and the preoccupation before anything else.
- Common choices include risperidone or olanzapine. Pimozide has a long track record for skin-related beliefs.
- Give it 8 to 12 weeks at a steady dose. Your prescriber decides the dose with you, and never change it alone.
- **Antidepressants** help if you are also low, anxious, or unable to stop circling the same thought all day.
- Side effects such as weight gain, stiffness, or restlessness are common and manageable. Report them early.

Everyday things that help

- Treat hearing and vision. Hearing aids and cataract surgery genuinely lower suspicious thinking in older adults.
- Keep contact with people. Being alone feeds the belief; regular company gives your mind other things to weigh.
- Protect sleep, and go easy on alcohol, cannabis, and stimulants. All of them sharpen fear and suspicion.
- Notice how much of each day goes to checking, searching, or gathering proof, and try to shrink it slowly.
- Pick one person you trust and talk things over with them before you act on a strong hunch.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- If you feel like harming a specific person, call **988** or 911 before you act. That call brings help, not blame.
- Get seen right away if a new belief starts suddenly, or comes with confusion, headache, or weakness.

Questions to ask your care team

- *How long before we know whether this medicine is helping me?*
- *Could a medicine I already take be part of what is causing this?*
- *What can my family do that will actually help, instead of making things worse?*
- *Should a brain scan or a hearing test be part of my workup?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.