

**What  
"lies"  
beneath:**

# Chronic, unrecognised delusional disorder with dissociation

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## Aims and Hypothesis

We present the case of a patient, who displayed delusional beliefs and dissociative behaviour, but effectively managed to convince services in the past, abroad and in the United Kingdom, during a period of detention. The process of diagnosing him was challenging, required several interviews and the review of evidence provided by third parties.

Some of the personal characteristics have been altered to protect the patient's identity.

## Background

A Caucasian male in his 50s presented to A&E after accidentally overdosing on analgesics and anticoagulants. He claimed to mistake them for weight-loss tablets. After treating his deranged coagulation, the overdose was explored further. The patient presented with grandiosity and delusions about wealth, fame and professional success. His records indicated he was known to services, had a series of hospitalisations, forensic history, and a previous diagnosis of Paranoid Schizophrenia. He had not attended any follow-up reviews and was not taking any medication.

He remained in denial of any mental health problems and attributed all the above to the theft of his identity, claiming an imposter was responsible. Following a Mental Health Act assessment, the patient was initially detained under Section 2.

## METHODS

One of the first tasks was to investigate his background, which contradicted his narrative. He had been functional for a period of years and had accomplished achievements in the UK and abroad in his profession. His most recent experiences, however, were delusions.

Delusional Disorder with Dissociative traits seemed more fitting to his presentation.

This required us to treat the patient under Section 3 to manage short, and long-term care needs.

## RESULTS

The patient reluctantly accepted treatment with an antipsychotic but refused psychological therapies. He continues to battle the diagnosis and the detainment. It is not known whether he will ever accept his condition or be willing to have psychological treatment. We are continuing to treat him and are making efforts to discharge him to an appropriate community setting.

## Conclusions

This case highlights the challenges of treating patients who are able to effectively mask their mental illness, remaining functional and in apparent control for a period of time.

Differentiating between truth, intended lies, confabulations and delusions is challenging. The clinician must carefully review the patient's narrative, comparing it to evidence in order to establish the extent of its accuracy, and when necessary, manage, using the appropriate legal framework.