



# Management of Delusional Parasitosis with Parkinsonism: A Complex Pharmacotherapeutic Challenge

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## Introduction

- Delusional parasitosis (DP), or primary Ekbom syndrome, co-occurring with idiopathic Parkinson's disease (PD) is a rare clinical phenomenon.
- The management is exceptionally challenging due to the contraindication of most antipsychotics in parkinsonism, where they can exacerbate motor symptoms. This case report details the multidisciplinary management of a patient with severe DP, PD, and significant non-adherence.

## Case Presentation

A 74-year-old gentleman of Caribbean origin with a longstanding diagnosis of **persistent delusional disorder (F22.0)** was admitted under the Mental Health Act.

**History:** Three-year non-concordance with olanzapine and PD medications.

**Comorbidities:** Idiopathic Parkinson's disease; prostate cancer (in remission).

**Presentation:** Classic DP with belief of insect infestation, leading to skin application of yoghurt and debris storage. Profound self-neglect, hoarding, environmental squalor, weight loss, and deteriorating mobility/cognition.

## Pharmacotherapeutic Dilemma

Medication	Clinical Status	The "Why"
<b>Typical Antipsychotics</b>	Contraindicated	Massive D2 blockade leads to severe rigidity and tremors (EPS).
<b>Olanzapine</b>	Poorly Tolerated	High D2 affinity; the motor "cost" is too high for the benefit.
<b>Risperidone</b>	Generally Contraindicated	Even at low doses, it frequently triggers motor decline.
<b>Aripiprazole</b>	Cautious Use	A partial agonist; it's a "wild card" that can sometimes cause akathisia (restlessness).
<b>Quetiapine</b>	1st-Line Trial	Very "loose" binding to D2 receptors, making it motor-friendly, though its actual antipsychotic power is modest.
<b>Clozapine</b>	Gold Standard	The most effective option with minimal motor impact, though restricted by the need for intensive blood monitoring.

## Discussion

This case highlights the **severely limited antipsychotic options** for DP in the context of PD.

**Aripiprazole** was chosen as a potentially safer atypical agent, though not without risk (akathisia).

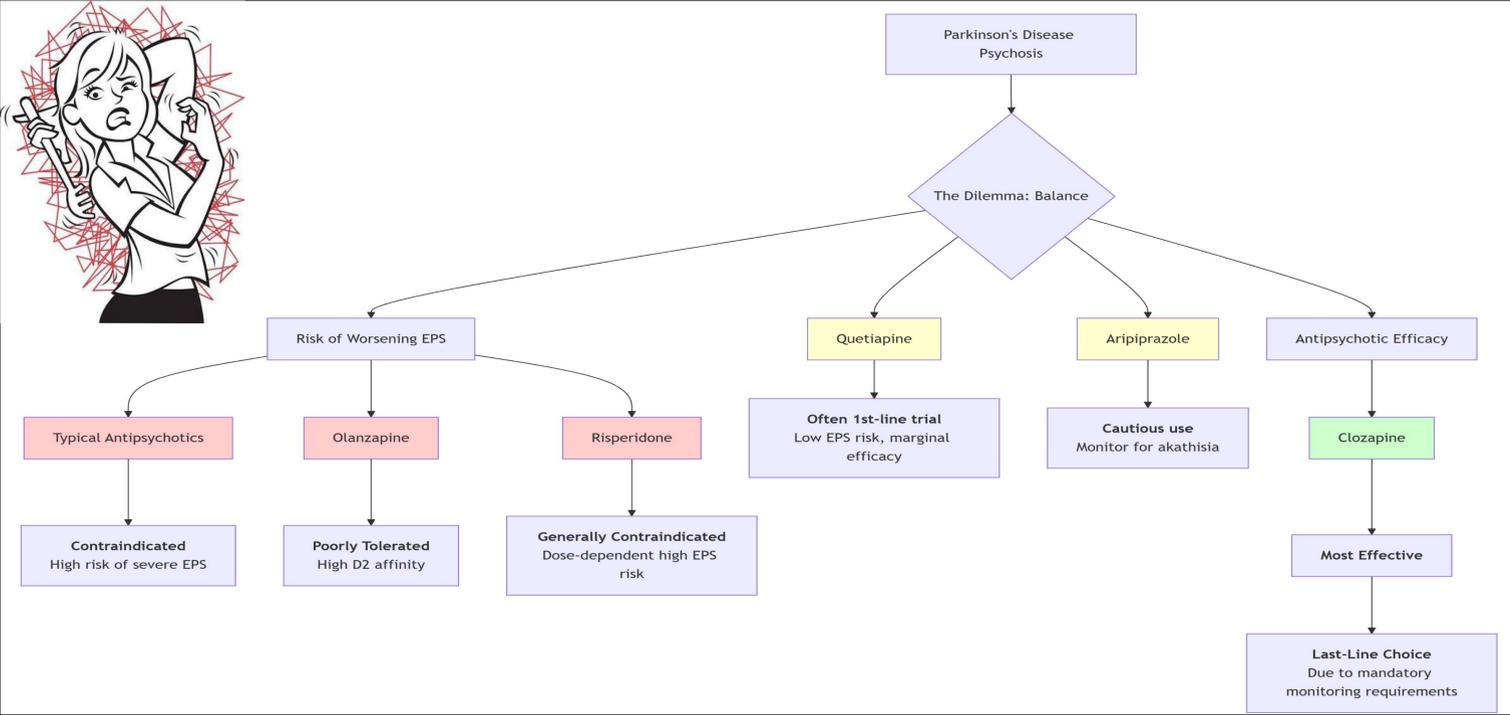
The **therapeutic "tightrope"** involves using agents with lower D2 affinity to avoid motor deterioration, often at the cost of reduced antipsychotic potency for mono delusional disorders.

**Non-adherence** with both psychiatric and neurological medications significantly compounds illness severity and complexity.

## Conclusions

The co-occurrence of Delusional Parasitosis and Parkinson's disease presents a major management challenge. It necessitates: Careful, guideline-informed antipsychotic selection.

Vigilant monitoring for motor side effects. A robust, sustained multidisciplinary team approach to address the holistic needs of a vulnerable patient group.



## Declarations

**Funding:** None declared.

**Conflicts of Interest:** None declared.

**Ethics/Audit Approval:** This work was conducted as a clinical audit/case review for service improvement.