

Care of Patient with Delusions

Introduction

Delusions are disturbances in thought content. They're firmly held false beliefs that have no support in reality but aren't corrected with reasoning. Delusions have varying themes and types. The six common types of delusions are:

1. *Delusions of persecution*—usually experienced by patients with paranoid schizophrenia. The patient feels threatened and believes that others intend to harm him in some way.
2. *Delusions of grandeur*—the patient has an exaggerated feeling of importance, power, knowledge, or identity.
3. *Delusions of reference*—all events within the environment are referred by the patient to himself. The patient may say "Someone is speaking to me through this code in the newspaper."
4. *Delusions of control*—the patient believes certain objects or people have control over his behavior.
5. *Somatic delusions*—the patient has a false idea about the functioning of his body.
6. *Nihilistic delusions*—the patient has a false idea that part or all of himself or the world no longer exists.

Equipment

None needed.

Implementation

1. Confirm the patient's identity using two patient identifiers according to your facility's policy.¹¹
2. Ask the patient to describe the delusion. *The nurse needs to identify the type of delusions in order to implement the correct intervention.*
3. If possible, identify what triggered the delusion. Try to determine what the patient was doing before the delusion or ask the patient if he is aware of what may have triggered it.
4. When communicating with the patient, be sincere and honest. *Patients who are having delusions are usually very sensitive about other people.*
5. Assess the intensity, frequency, and duration of the delusion.
6. Identify emotional components of the delusion.
7. Present an open posture *to reduce the risk of the patient being suspicious of you.*
8. Don't feed into the patient's delusional system. Keep the focus of the conversation reality-based.
9. Don't argue with the patient about the delusion. *Arguing can interfere with the development of trust.*

10. Encourage the patient to express his feelings *to ascertain the feelings that are generated by the delusion.*
11. Set firm limits if the delusion is obsessive. *Doing so lessens the amount of time talking about the delusion.*
12. Validate the parts of the delusion that may be real. *The delusional system may be intertwined with elements of reality.*
13. Interact with the patient one-on-one. *A patient who is distrustful will find this situation easier to handle than a group.*
14. Document the procedure.²

Special Considerations

The content and frequency of delusions tends to vary according to culture. In the United States, patients commonly worry about the Federal Bureau of Investigation or the Central Intelligence Agency taking action upon them, whereas in other cultures patients worry more about evil spirits and demonic possession.

Documentation

Document the delusions, using the patient's own words, if possible. Document the patient's behavior. Document any actions taken to help the patient with the delusion. If the patient posed a threat to himself or others, document what actions were taken to ensure their safety.

References

1. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, IL: The Joint Commission, 2010.
2. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, IL: The Joint Commission, 2010.
3. McKay, R., et al. "Need for Closure, Jumping to Conclusions, and Decisiveness in Delusion-Prone Individuals," *Journal of Nervous and Mental Disorders* 194(6):422-6, June 2006.
4. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills, and Practices*, 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.
5. Varcarolis, E.M., et al. *Foundations of Psychiatric Mental Health Nursing: A Clinical Approach*, 5th ed. St. Louis: Saunders, 2006
6. Videbeck, S.L. *Psychiatric-Mental Health Nursing*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2007.

Care of Patient with Delusions

1. Identify the patient.
2. Ask the patient to describe the delusion.
3. If possible, identify what triggered the delusion.
4. Be sincere and honest.
5. Assess the intensity, frequency and duration of the delusion.
6. Identify emotional components of the delusion.
7. Present an open posture.
8. Keep the focus of the conversation reality-based.
9. Don't argue with the patient about the delusion.
10. Encourage the patient to express his feelings.
11. Set firm limits if the delusion is obsessive.
12. Validate the parts of the delusions that may be real.
13. Interact with patient one-on-one.
14. Document the procedure.