Paraphrenia: A Brief Report

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Abstract: Paraphrenia is characterized as a psychotic disorder accompanied by the subtle development of a delusional system that is accompanied by confabulations and hallucinations without deterioration of the personality. Previous studies have shown to categorize paraphrenia as the same as schizophrenia; however, with the advancement of research, it is shown to have different characteristics as are related to other psychotic disorders. The deposition of tau proteins in the hippocampus has been linked to paraphrenia. In conclusion, the paper helps better understand the onset and other symptoms related to paraphrenia.

Index terms: Paraphrenia, schizophrenia, psychotic disorders, hippocampus, tau protein.

I.INTRODUCTION

Paraphrenia is a chronic disease characterized as a psychotic disorder, with a preference for females, accompanied by the subtle development of a delusional system sustained by confabulations, acoustic hallucinations, and first-rank Schneider symptoms, such as delusional perception, without deterioration of the personality. Paraphrenia is treated as an intermediate between delusional disorder and schizophrenia [1], and it has a chronic course and poor outcomes. Some authors argued that paraphrenia as an "individualized diagnostic entity" is no longer considered; in 1921, Mayer-Gross reputed the concept of paraphrenia unnecessary and redundant [2]; it is deemed to be a part of "late-onset psychosis or late-onset schizophrenia" [1,3]. Paraphrenia was introduced by Emil Kraepelin and has been a controversial issue since then. Some authors stated that the initial description of paraphrenia as "the uncertain group between paranoia and dementia praecox" stated by Kraepelin still exists in some cases [4,5]. The debate regarding paraphrenia and schizophrenia is still an important topic among researchers.

Janzarik described a clinical condition similar to paraphrenia, the Kontaktmangelparanoid that onset in the elderly with a chronic course, with paranoid or sexual delusion and prevalent confabulatory/dreamlike symptoms [6]. On the other hand, Roth distinguished a late paraphrenia, with an onset in the elderly associated with social isolation, chronic course, and acute episodes [7].

Psychotic disorders are characterized by a group of severe mental illnesses that affect the mind of the person and make them unable to elaborate proper judgments, behave appropriately and understand reality. The main symptoms associated with psychotic disorders are hallucinations, disordered thinking, and delusions. With severe symptoms, the patients are reported to have trouble differentiating between reality and inner life and cannot adjust to their daily lives. The basic categorization of different types of psychotic disorders is schizophrenia and delusion disorder. Other psychotic disorders are categorized into schizoaffective disorder, schizophreniform disorder, and brief psychotic disorder. Under psychotic disorders, the further classification includes shared psychotic disorder and substance-induced psychotic disorder.

Moreover, Jongsma [8] observed that psychotic disorders are associated with premature mortality, financial and social burden, and morbidity. To date, paraphrenia has no diagnostic classification in the DSM-5. Although it shares some clinical characteristics with schizophrenia and delusional disorder, it differs from them in the absence of a progressive course, the lack of negative symptoms, and a poorly encapsulated delusion, as seen in delusional disorder.

II. DIAGNOSIS AND CLINICAL FEATURES OF PARAPHRENIA

Clinical features of paraphrenia are bizarre delusions, and auditory hallucinations, without negative symptoms or personality alterations [9]. Paraphrenia can not affect everyday life as well, as patients perform what they can without help. A partial insight is often preserved, and the patients show congruent social functioning. However, few people sometimes face temporary hallucinations and paranoid symptoms [1]. The main feature of sustained awareness deficiencies in people with paraphrenia is its perseverance after treatment or therapy [10]. The age of onset of paraphrenia is not only the prerogative of senile age but can also occur in any age group [11]. However, paraphrenia has been traditionally considered a late-onset psychosis. Diagnostic criteria of paraphrenia are: 1) poorly systematized and unencapsulated paranoid or sexual delusions; 2) auditory hallucinations; 3) preserved affect (except for expansive form); 4) absence of thought disorganization symptoms; 4) absence of negative symptoms; 5) absence of cognitive impairment; 6) behavior influenced by the delusion; 7) absence of organic brain disease [11].

However, some clarifications must be made to this general framework. Kraepelin had classified paraphrenia into four subtypes: systematic, fantastic, confabulatory, and expansive. In each subtype, a psychopathological aspect is dominant. In the systematic form, persecutory delusions prevail, whereas bizarre delusions and visual hallucinations are cardinal symptoms of the fantastic condition. Confabulation and the presence of remitting psychotic symptoms are, instead, indicative of an organic substrate and cyclical psychosis with euphoric affect is the main feature of expansive paraphrenia [12].

Schizophrenia, unlike paraphrenia, occurs in early adulthood and has a chronic and neurodegenerative course, with progressive impairment of cognitive domains and global functioning. Furthermore, negative symptoms prevail in the advanced stages of the disease, characterized by poverty of thought, flat affectivity, and apathy.

Paraphrenia has been associated with a tau protein accumulation and neurofibrillary tangle in the CA1 section of the hippocampus in the absence of neuronal loss, observed in other condition as dementia [13]. Post-mortem studies attributed the role of the entorhinal cortex to the pathogenesis of paraphrenia [14].

According to recent data, the number of people affected by schizophrenia is approximately 24 million, or 0.32% worldwide [15]. Among adults, the rate is 0.45%, and it is not a common mental disorder. The onset, in most cases, is during their twenties or late adolescence and happens earlier in men [13]. The stigma that is associated with people suffering from schizophrenia and the discrimination faced by them as well as their violation of "human rights," is unfortunately common in contemporary society [15].

As opined by Kurilo [16], the problems related to mental health is still problematic issue regardless of the advancement in medicine. Understanding the categorization of different psychotic disorders is required to provide a beneficial treatment plan for the patient. Additional studies have been conducted in the past years to better grasp the differences in the clinical features of paraphrenia compared to various other psychotic disorders. This paper aims to understand future clinical studies the paraphrenia and differentiate it from schizophrenia or other psychotic syndromes, such as delusional disorder.

This brief report lends backing to the concept of the possibility of a group of paraphrenic patients within psychotic spectrum disorders. It is analyzed that almost 50 to 55% of people who belong to a mental health service are diagnosed with a psychotic disorder yearly [17]. It is reported that age was critically lower in the types of patients who are treated with combined antipsychotics than the people who are getting monotherapy [3]. Compared to 2018 and 2019, almost a 21.5% reduction was found in inpatient admission in 2020 [18, 19, 20]. During the pandemic of Covid-19, the number of psychotic disorders increased rapidly due to many critical issues, although patient care by psychiatric services has drastically collapsed because of the pandemic [20].

It is reported that almost 85 people out of 10000 people are diagnosed with schizophrenia. In the world, the number of new cases every year is approximately 2.77 million [19]. According to some research, schizophrenia can occur at different ages depending on biological sex. This psychotic disorder might start from 15 to 25 in males and females between the ages of 25 to 35 [20]. Schizophrenia is overdiagnosed when DSM-5 criteria are not applied accurately. The diagnosis of paraphrenia could be confused with other psychotic spectrum disorders and underdiagnosed.

Some authors found almost 56 721 records of paraphrenia cases in some countries, and approximately 177 patients met the inclusion criteria [20]. Ayano and coll. [18] have discussed the prevalence of schizophrenia also other psychotic issues among people who have no homes. In this research, it is shown that almost 2.4% of homeless people are found to be affected with paraphrenia [18]. As per the result of this research, the pooled plurality estimations of paraphrenia in homeless people were approximately 3.5%. An important feature is that social isolation represents a significant risk factor for paraphrenia [21].

III. CONCLUSION

This report was conducted based on secondary data collected from different authors and articles in the past years. The onset of paraphrenia is similar to schizophrenia or a delusional disorder, as both have symptoms of severe hallucinations and delusions. However, paraphrenia has a clinical manifestation course and prognosis different from schizophrenia and other psychotic syndromes, making it a defined diagnostic entity.

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