**History taking for delusional disorder**

PC – delusion

HPC – aspects of the history to explore

- Timeline
    - When did it start?
    - How did it all start?
    - Has it changed since onset? If so, how?
    - What are they concerned of?
    - Why are they coming to see you now rather than earlier?
- Delusion
    - What is the delusional thought(s)? Examples of delusions include:
        - persecutory delusion (someone is out there to get you)
        - delusion of control (someone is monitoring you, controlling your movement or thoughts)
        - delusion of reference (something that you read, watch, see or listen to is referring to you)
    - Gently and sensitively challenge the thought to determine if they are very sure of this thought
- Hallucination
    - Are they experiencing anything new, different or strange?
    - Do they keep looking away from you or stare at something during the consultation? You can use this que to explore hallucination
    - Hallucinations can include visual, auditory, tactile and gustatory
    - Auditory hallucination
        - Second person or third person?
            - Second person – voices are talking TO you (pronoun "you")
            - Third person – voices are talking ABOUT you (pronoun "he/she/they")
        - What are they saying?
        - How does that make the patient feel?
- Thought disorder
    - Any thought withdrawal
    - Any thought insertion
    - Any thought control
    - Any thought broadcasting

- Key mental state examination
    - Mood, energy, enjoyment
    - Changes in appetite, sleep, concentration and, if appropriate, libido
    - Risk assess patient
        - Risk to own-self – self harm, suicide ideation
        - Risk to others – harming others
        - Risk of neglect – to own-self and others
        - "Sometimes at times like this, it can be quite scary and frightening. Are you doing anything to protect yourself?"

- Non-psychiatric causes (can be explored further down your history taking)
    - Do they have any organic causes?
    - Are they taking any recreational drugs?

Past medical history – any organic causes or brain injury in the past?

Drug history and allergies

Social history

- Explore housing conditions
- What do they do for a living?
- Do they smoke?
- Do they drink alcohol?
- Do they take recreational drugs?

> Sometimes, thoughts/hallucinations/delusions can be quite scary. Ask them how they feel and explore their concerns. Take this opportunity to acknowledge, sympathise and explore ways you can help them. You can also take this opportunity to do a risk assessment. Are they worried that people might harm them that they bring a knife to protect themselves? Have they done any self-harm before? RISK ASSESSMENT is a key part of the history taking so make sure you do them within your given time!

**Instructions to candidate** – Aim for 8 minutes

**You are a foundation doctor working in the Accident and Emergency department.**

**John Smith is a 25 year old male who was brought in by his friends as he has been "acting very weirdly". John is in a treatment room by himself and his friends are waiting at the patient lounge.**

**You are asked to take a history from him and do a risk assessment on him.**

**At 7 minutes, the examiner will ask you questions.**

**SP script**

Name: John Smith

Age: 25 years old

Provide history with a normal rate, rhythm and tone in your speech. You maintain eye contact during the consultation.

You are not happy that your housemates brought you to the hospital. You blame them for their wrongdoings and you think they are sending you for a special treatment at the hospital. You suspect that your housemates have been working for a secret agency in the government and you are one of their latest victims. It all started a month ago when you were watching the news on the TV in your house. A man on the TV was promoting a new phone and from that instant, you knew the phone was sending you a message that the government is after you. You think your friends have successfully inserted a spying chip in your brain, in which they can control your thoughts and read your mind! You feel everything you do or think is either being analysed by them or as a direct order from them. If the doctor questions how sure you are, you are adamant that this is true and the doctor is talking nonsense.

Sometimes you can hear voices talking about you from the spying chip! There are at least two voices and you are very sure it is not coming from within your the head. You could hear them talking clearly, just like how the doctor is talking to you now. The voices are mainly negative, saying how you are a bad person and you should be "cleansed" so you will be a good subject for the government. You don't have the exact details but you know they are going to make you drink a special liquid. This makes you really worried and you avoid drinking fluids as much as possible. You are not hearing the voices at present. You don't see, feel or smell anything that other people don't.

These last few weeks have been quite scary for you. You don't feel like going out because you believe many people are working with the government against you. You try to stay in your room as long as possible. When specifically asked; if you do go out, you carry a little knife with you for protection. Nevertheless, you haven't harmed anyone so far, you haven't harmed yourself and you deny suicidal ideation. You didn't bring the knife with you at present.

Your mood has been okay all the while. You don't lose concentration and there are no changes to your sleeping habit or appetite.

PMH: Nil

FH: Nil

DH: Nil and NKDA

SH – you are a second year university student, currently doing an electric and electronic engineering course. The more you learn in this course, the more you are suspicious of the government spying on you. You live in a 5 bedroom house with your friends (who brought you in today). Your family home is a 5 hour drive away from university and therefore, you seldom go back. Otherwise, everything is fine at home. You don't smoke cigarettes and drink alcohol. When specifically asked, you admit to taking weed. This has been happening for the past few months and you smoke weed on a weekly basis.

I – Nil

C – You are concern that your housemates are after you and you plead to the doctor not to tell them.

E – Nil

**Questions**

1) **List the differentals from the history**
    - First-episode psychosis
    - Drug induced psychosis
    - Schizophrenia
2) **What would you like to do next?**
    - A review from the mental health team, with the possibility of sectioning under the Mental Health Act

**Feedback**

| **Did the candidate** | **Y/N** |
|---|---|
| Establish the timeline of the symptom presentation | |
| Explore the element of the persecutory delusion from the patient | |
| Explore the element of thought disorder from the patient | |
| Explore the element of hallucination that the patient is experiencing | |
| Risk assess the patient | |
| Attempt to complete a full history, exploring patient's social life | |
| Explore patient's ICE | |

**Schizophrenia**

- First rank symptoms (positive symptoms)
    - Auditory hallucination
        - Mainly third-person perspective, with at least two or more voices
    - Thought disorder
        - Thought insertion
        - Thought withdrawal
        - Thought broadcasting
    - Passivity phenomena
        - Delusion of control
    - Delusion
        - Mainly persecutory delusion

- Second rank symptoms (negative symptoms)
    - Low motivation
    - Social withdrawal
    - Emotional blunting
    - Reduced speech
    - Self-neglect
    - Lack of initiative or energy

- Management of schizophrenia
    - B – antipsychotic medication
    - P – CBT/family intervention
    - S – drug intervention service, social intervention to help patient gains independence in daily life