Psychiatria Danubina, 2011; Vol. 23, No. 2, pp 198-199 *Case report*

PROMAZINE IN THE TREATMENT OF DELUSIONAL PARASITOSIS

Wiesław Jerzy Cubała[1], Katarzyna Jakuszkowiak-Wojten[1], Anna Burkiewicz[2] & Anna Wrońska[1]

[1]*Department of Psychiatry, Medical University of Gdańsk, Poland*

[2] *Department of Clinical Psychology, Medical University of Gdańsk, Poland*

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SUMMARY

Delusional parasitosis (DP) is an uncommon and complex to treat form of delusional disorder, somatic type. The syndrome may occur in association with a number of psychotic disorders, such as schizophrenia, organic mental disorder, or even in dementia with behavioral and psychological symptoms. Evidence of efficacy of treatment options is weak and there is little known about the specific use of typical and atypical antipsychotics. We report on a case of primary DP in a 75-year-old Caucasian woman with a 3-year-long history of dermatological consultations due to unspecified complains who responded to the typical antipsychotic promazine. This case is unique in pharmacological respect as it presents the first reported DP treatment with promazine. It also raises the issue of efficacy and safety of low-potency typical antipsychotics in the elderly population.

Key words: *delusional parasitosis – promazine - typical antipsychotics*

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INTRODUCTION

Delusional parasitosis (DP) is an uncommon and complex to treat form of delusional disorder, somatic type (Bewley et al. 2010, Freudenmann & Lepping 2009). The syndrome may occur in association with a number of psychiatric conditions, including bipolar disorder, paranoia, schizophrenia, depression as well as abuse of drugs, such as cocaine, ritalin, and amphetamines. Previously, DP was often considered to be a monosymptomatic hypochondraical psychosis. However, psychiatric comorbidity, such as depression, anxiety, or personality disorder, can usually be uncovered during a careful interview. Moreover, delusions of parasitosis have also been reported in association with a number of medical conditions that are characterized by itching, such as renal disease, malignant lymphoma, and hepatic disease (Edlich et al. 2009).

Evidence of efficacy of treatment options is weak as the data on the pharmacotherapy of DP come from two placebo-controlled trials investigating treatment with pimozide with case reports on typical and atypical antipsychotics (Koo & Lee 2001, Lepping et al. 2007). On the other hand the entire spectrum of antipsychotics is available and there is a need for personalized treatments in psychoses (Freudenmann & Lepping 2009, Jakovljević 2009). In the case of infrequent disorders with weak evidence from treatment efficacy trials case reports contribute to the literature. We report on a case of primary DP who responded to the typical antipsychotic promazine.

CASE REPORT

A 75-year-old Caucasian woman with a 3-year-long history of dermatological consultations due to unspecified complains was referred to the consultant psychiatrist by a dermatologist with the diagnosis of psychosis. Subsequently, she was admitted to the psychiatric department with the diagnosis of primary delusional parasitosis. The patient was a widowed unemployed woman who lived on her own receiving social pension. Her primary symptom was a firm belief that her skin was infected by parasites that she tried to eradicate by rubbing her body with alcohol.

On admission she presented prominent delusions of infestation with lack of insight. An in-depth elaboration of her delusions revealed that she was convinced of having bugs in her skin all over the body. No cognitive impairment was observed. Her activities of daily living were maintained at functional level. Physical examination and laboratory tests were normal. The result of a neurological examination was noted to be nonfocal. She did not have an organic skin disorder. She was a physically healthy non-smoker with a negative history for drug or alcohol abuse receiving no concomitant medications. Family history was negative for mental disorders. EEG revealed a normal pattern.

Promazine treatment was initiated and the drug dose was gradually titrated up to 150 mg daily within the next 5 days. In course of the four weeks of treatment the patient maintained a promazine dose of 150mg/day resulting in complete remission. The medication was administered under supervision due to the possibility of drug-associated hypotensive side effects. No side effects were noticed. She was discharged for further treatment in an outpatient setting. However, no follow-up is known which is a serious limitation of this case report. Thus, we cannot comment on the treatment response beyond the point of discharge.

DISCUSSION

This case is unique in pharmacological respect as, to our best knowledge, it represents the first reported DP

treatment with promazine which is an aliphatic phenothiazine antipsychotic agent. It exhibits a low-potency antidopaminergic action, α_1-adrenergic antagonism and anticholinergic properties. Its pharmacodynamic profile indicates its sedative mode of action. However, it also raises concerns about the risk of side effects that may be expected, e.g. hypotension, sinus tachycardia, syncope. Thus, promazine dosage along with the adequate titration schema has to be strictly individualised in elderly patients (Gareri et al. 2003).

Promazine is used in the treatment of schizophrenia, toxic psychosis, mental organic disorders with delirium, behavioural and psychological symptoms of dementia, and depression associated with psychomotor agitation and delusions. The mean dosage in the elderly is 15–60 mg/day increasing up to 200mg/day in schizophrenia treatment. The treatment dose in the elderly is reached according to the clinical response, surveillance of adverse effects and a careful evaluation of the patient's general medical condition. Promazine doses in the elderly population exceeding 200 mg/day are not recommended (Gareri et al. 2003).

A serious limitation of the case report is lack of a CT scan of brain which might contribute to the differential diagnosis and etiologic work up. However, the asymptomatic neurological examination and the successful management with antipsychotic drug support the DP diagnosis as the form of delusional disorder, somatic type. Also, the case is not informative on the long-term efficacy of the treatment as it lacks follow-up in an outpatient environment. Thus, it must be interpreted with caution as it relates to the short-term efficacy and safety of the medication.

CONCLUSION

Promazine demonstrated its safety along with efficacy in the elderly patient suffering from DP. It appears as an adequate alternative to atypical antipsychotic agents which may be associated with the increased risk of cerebrovascular events along with weight gain in the elderly population. Promazine can be considered as a first-line antipsychotic treatment of DP alternative to pimozide especially where safety issues are concerned. However, its efficacy in DP requires adequate systematic trials.

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Correspondence:
Wiesław Jerzy Cubała M.D., Ph.D.
Department of Psychiatry, Medical University of Gdańsk
Dębinki 7 St. bud. 25, 80-952 Gdańsk, Poland
E-mail: cubala@gumed.edu.pl