

Assessment of Delusional Structure – Part of Diagnostic Process

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Summary

Delusion has been defined in a variety ways and to date no consensus has been reached on either its nature or origins. Delusions are a multidimensional construct characterised by a number of components (dimensions), which may change across the various mental disorders. The pattern of change in dimensions of delusional structure during mental disorders might provide the insight into the nature of the psychotic process. Several authors have developed rating scales with the aim to measure individual dimensions of delusional structure. Rating scales can help to describe characteristics of a heterogeneous sample of delusions, to clarify differences between delusional and nondelusional states and to assess a degree of delusionality across a range of psychiatric disorders (Ref. 12).

Key words: delusions, delusional structure, rating scales

Introduction

Delusion has been defined in a variety ways and to date no consensus has been reached on either its nature or origins (Guensberger, 1984, Roberts, 1991). Since the beginning of the 19 th century, delusions have been classified mainly according to their content or theme (delusions persecutory, grandiose, depressive).

A clinical psychopathological investigation requires another variables (dimensions), which will allow to describe structure of delusional experience more accurately.

The idea, that delusions are multidimensional clinical entity is not new. For example, Sacks and colleagues (1974) demonstrated that delusions in schizophrenia form and resolve gradually rather than in „all or nothing“ fashion. Similarly, Strauss (1969) described a range of conviction in the delusions of schizophrenia and recently Brown and colleagues (1998) described a spectrum of insight.

So, delusions are a multidimensional construct characterised by a number of components (dimensions), which may change across the various mental disorders. The pattern of change in dimensions of delusional structure during mental disorders might provide the insight into the nature of the psychotic process (Bentall and Young, 1996; Franck et al., 2001). However, it is not clarified, how many dimensions this construct contains. Some authors postulate 11 dimensions (Garety and Hemsley, 1987; Garety et al., 1998), 12 dimensions (Jones and Watson, 1997), 7 dimensions (Eisen et al., 1998) and 5 dimensions (Kendler et al., 1983).

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Rating scales

The assessment of delusions has received little attention. At this time, there is no widely used instrument to assess this important construct (Berios, 1993; Eisen et al., 1998).

Several authors have developed rating scales with the aim to measure individual dimensions of delusional structure. The authors derived the items of rating scale from their clinical experiences and from the psychiatric literature.

I would like to mention several rating scales which can measure the degree of delusional structure and I'd like to describe their main characteristics and psychometric properties:

Dimensions of Delusional Experience (Kendler et al., 1983)

- categorical scale,
- number of items 5, scoring 0–5,
- reliability: good to excellent.

1. Conviction – the degree to which the patient is convinced of the reality of the delusional beliefs.
2. Extension – the degree to which the delusional belief involves various areas of the patient's life.
3. Bizarreness – the degree to which the delusional belief departs from culturally determined consensual reality.
4. Disorganisation – the degree to which the delusional beliefs are internally consistent, logical and systematized.
5. Pressure – the degree to which the patient is preoccupied and concerned with the expressed delusional belief.

Characteristic of Delusional Experience (Garety and Hemsley, 1987)

- a visual analogue scale,
 - number of items 11, scoring 0–10,
 - not validated.
1. Conviction.
 2. Preoccupation.
 3. Interference.
 4. Resistance.
 5. Dismissibility.
 6. Absurdity.
 7. Self – evidentness.
 8. Reassurance seeking.
 9. Worry.
 10. Unhappiness.
 11. Pervasiveness.

Belief Rating Scale (Jones and Watson, 1997)

- categorical scale,
 - number of items 12, scoring 0–5,
 - reliability: good.
1. Conviction.
 2. Influence on behaviour.
 3. Influence on cognition.
 4. Truthfulness.
 5. Importance.
 6. Frequency.
 7. Speed of formation.
 8. Acceptability.
 9. Use of imagination.
 10. Perceptual evidence.
 11. Focused thought.
 12. Affective content.

The Brown Assessment of Beliefs Scale (Eisen et al., 1998)

- categorical scale,
 - number of items 7, scoring 0–4,
 - reliability: good to excellent.
1. Conviction.
 2. Perception of others' views of beliefs.
 3. Explanation of differing views.
 4. Fixity of ideas.

5. Attempt to disprove beliefs.
6. Insight.
7. Idea/delusions of reference.

Rating Scales show

- The intercorrelations between different dimensions of delusional structure were low.
- These results support the hypothesis that delusions are multidimensional phenomenon.
- The measurement of delusions has implicated the understanding of the structure of psychotic experience.
- The pattern of change in dimensions of delusional structure during mental disorders might provide the insight into the nature of the psychotic process.

Rating scales can help

- to describe characteristics of a heterogeneous sample of delusions,
- to clarify differences between delusional and nondelusional states,
- to assess a degree of delusional across a range of psychiatric disorders,
- to examine the relationship between dimensions of delusional experience and other variables,
- to differentiate between delusions and overvalued idea,
- to confirm/exclude the presence of delusions.

Conclusion

Delusions are multidimensional phenomenon. A reliable and valid instrument is needed:

1. To assess the presence and degree of delusional in a wide variety of psychiatric disorders.
2. To refine diagnostic classification and to resolve some of the classification controversies (classification of disorders which constitute delusional and nondelusional variants (OCD, Body Dysmorphic Disorder).
3. To define homogeneous groups of subjects for further research.
4. To examine the relationship of delusional to outcome and prognosis.

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