Late Onset Delusional Disorder

Kraepelin applied the diagnosis of “paraphrenia” to schizophrenia patients who developed psychosis later in life. This disorder was described as being characterized by delusions and hallucinations of a paranoid nature. He introduced the term “paranoia” to describe a chronic illness that evidenced well-organized delusions without hallucinations, formal thought disorder, or personality deterioration – our current concept of delusional disorder. Unfortunately, delusional disorder has been poorly studied and the conceptual boundaries have blurred. ICDs descriptions follows closely the definition outline by Kraepelin, while DSM continues to group delusional disorder with the “schizophrenia spectrum” classification, even though there have been other conceptualizations that suggest it may not be one of the “thought disorders”.

One study by Yassa and Suranyl-Cadotte (1993) was found that compared patients in three diagnostic categories – late-onset schizophrenia, delusional disorder with hallucinations, and delusional disorder without hallucinations. There were characteristics that differentiated these patients. The last group (i.e., delusional disorder without hallucinations) developed their symptoms later than the other two groups. Additionally, the first two groups contained more paranoid and schizoid premorbid personalities, whereas the third group were more often described as well-adjusted