

Delusional Parasitosis

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of choice for this disorder. However, recent studies have favored atypical antipsychotics, such as risperidone and olanzapine, because of their favorable adverse-effect profiles compared with older treatments. Almost all treatment recommendations include regular psychiatric follow-up for medication management and psychotherapy.

Careful counseling can ease a patient's understanding and acceptance of parasitosis. It is important to acknowledge the seriousness of the patient's complaints and to complete a thorough physical examination to help alleviate feelings of being dismissed as "crazy." Additional techniques for improving a patient's acceptance of a psychiatric diagnosis include listening patiently to complaints about symptoms, acknowledging that the symptoms are "real" without challenging or validating theories about the cause of the symptoms, expressing empathy, and carefully examining samples of "parasites" that the patient provides.

Mrs Dalton is started on a regimen 1 mg of risperidone nightly. There are no adverse effects to the medication while she is hospitalized. She is discharged with plans to follow up with the psychiatry service. She is provided psychotherapy and medication management during subsequent appointments. Within a few weeks, significant improvement is seen in the frequency and severity of the symptoms with these treatments.

Conclusion

Delusional parasitosis is an uncommon psychiatric disorder that features fixed delusions of parasites or other small organisms living under one's skin or inside one's body that are unrelated to a primary medical illness. It can be difficult to diagnose, and timely recognition and proper psychiatric treatment can improve quality of life and reduce medical costs. Awareness of this diagnosis is important for many health care professionals because of the many medical specialists these patients will see.

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Beyond Addiction

Reviewed by Christopher Aloezos, MD

BOOK REVIEW

"This book is different." These are the opening words to *Beyond Addiction*, and despite being a book primarily written for families and loved ones of those struggling with addiction, it remains an excellent resource for the clinician. From start to end, the book's mission, content, and structure are precise, logical, and implementable. As a psychiatrist, I found the book's ease in bridging psychotherapeutic techniques with the complex neurobiological processes that they target to be a unifying experience; this will help me communicate to patients the reasoning behind our therapeutic techniques. I believe this book can be a wonderful adjunct to treatment-as-usual for people with addiction.

The book is broken into an introduction followed by 4 main sections. The introduction outlines the purpose of the book and how it is to be used. "Jump around as needed," the authors encourage the reader. The authors are informed by CRAFT (Community Reinforcement and Family Training), which is described in depth and referred back to several times throughout the book. As such, the authors shift the light from its usual focus on the substance or addictive behavior to the broader context in which an addiction exists. By doing so, they work successfully to lessen stigma and create space for everyone to change, not just the person with an addiction.

In part one, "What to Know," the authors devote several chapters to inform the reader about the various definitions and meanings of addiction, motivation, and change. The psychiatrist reader is reminded in this section of something often forgotten: people use substances because they get something out of it. The reason for using can change from day to day, and from substance to substance. Without appreciating this, we miss the reasons our patients use and ultimately may miss an opportunity to intervene effectively. When psychiatrists identify the reasons for use, they can help the addicted individual identify latent motivations to change. The authors introduce to the

reader to a behavioral analysis chart to help bring about this change.

In part two, "How to Cope," the authors teach the reader 3 invaluable skills not only to help a loved but also to help themselves as people suffering alongside someone with addiction: awareness, coping, and tolerating (ACT). These skills are the focus of this part of the book, and rightfully so. To highlight the importance of ACT, a happiness scale is introduced, which is a 1-10 scale incorporating multiple facets of life. The authors encourage the reader to reassess his or her happiness using this scale from time to time, especially when times are hard. Also, used with notable effectiveness here is a "what's-hard-about-this" box that offers a blurb acknowledging the inherent difficulties in what the authors are asking of the reader. These boxes have the effect of bolstering the alliance between the authors and the reader by sending the reader the unspoken message: we know how hard this can be.

Part three, "How to Help," is the largest section of the book and includes the most information for the reader. Goal setting, communication, reinforcement, and consequences are emphasized as a means to drive change. More concretely, this part also includes treatment options available to people struggling with addiction—from pharmacological options to the various psychotherapy modalities. For psychiatrists who provide many of the treatment options outlined, the authors provide accurate and easily understood explanations. They are also right to highlight that people often seek the first—and most restrictive—option because it feels the safest. Accordingly, the authors' point to the clinician and the power a good initial assessment can have in providing the appropriate level of care.

Part four, "Living Your Life," includes only 1 chapter. This chapter, "Self Care 2," reviews many of the ideas brought forward earlier in the volume. The authors leave the reader feeling empowered, knowing that they the reader, the loved one of someone suffering with an addiction, is deserving of attention and can be an important driver of change. And in this way, this book is different.

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