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Letter to the Editor

The outcome in patients with religious delusions

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To the Editors,

We read with interest the recent report on the definition, diagnosis, and clinical implications of religious delusions (RD).[1] In our sample of 929 delusional schizophrenia patients who had been admitted to two psychiatric hospitals in Germany between 2010 and 2014, 138 patients (15%) reported RD. In 569 cases, information on religious affiliation was available. Patients with religious affiliation did not differ from patients without religious affiliation in the frequency of RD [$x^2(1,569)= 0.02$, p= 0.885]. Furthermore, patients with RD did not differ from patients with other types of delusion (OD) in the duration of hospitalization [t(924)=–0.39, p= 0.695], or the number of hospitalizations [t(927)=–0.92, p= 0.358]. Additionally, in 185 cases, information on Clinical Global Impressions (CGI) and Global Assessment of Functioning (GAF) was available at the beginning and end of the hospital stay. By CGI scores, no difference was seen in the morbidity of subjects with RD relative to subjects with OD on admission [t(183)=–0.78, p= 0.437] and discharge t(183)=–1.10, p=.273. Likewise, GAF scores on admission did not differ in these groups [t(183)=1.50, p=0.135]. However, a trend was noted for lower GAF scores on discharge in subjects with RD [t(183)=1.91, p=.057, d=0.39, CI 95% (–0.12–0.78)]. While RD has often been associated with a poorer prognosis in schizophrenia,[2,3] we argue that this need not apply to all domains. Mohr et al[4] reported that patients with RD were less likely to maintain psychiatric treatment, but did not have a more severe clinical status than patients with OD. Iyassu et al[5] found higher levels of positive, but also lower levels of negative symptoms in patients with RD compared to patients with OD. Groups did not differ in terms of length of illness or level of medication. Siddle et al[6] reported higher symptom scores in patients with RD at their first presentation, but a similar response to treatment when compared to patients with OD after 4 weeks of treatment. Furthermore, Ellersgaard et al[7] indicated that first-episode psychosis patients with RD at baseline were more likely to be non-delusional at follow-ups conducted after years 1, 2, and 5 when compared to patients with OD at baseline. We conclude that RD may thus interfere with short-term clinical outcomes. With regard to long-term effects more favorable observations exist[8] and the interplay of psychotic delusions with non-psychotic beliefs still warrants further research.

Vera Rössler
Department of Education & Rehabilitation, Faculty of Psychology & Education, Ludwig-Maximilians-University of Munich, Munich & Centre of Psychiatry, Psychotherapy and Special Education Bezirkskrankenhaus Kaufbeuren, Kaufbeuren, Germany, e-mail: vera.roessler@edu.lmu.de

Philipp Sand
Department of Psychiatry, Faculty of Medicine, University of Regensburg, Regensburg, Germany

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