

# Tips for Medical Providers on How to Help Patients with Delusions of Parasitosis

NEW YORK, NEW YORK, USA, September 14, 2021 /EINPresswire.com/ -- Delusions of parasitosis (DOP), also known as delusional infestation or Morgellons disease, is a condition where people have the false belief that they are infested with parasites or feel foreign material (such as blue fibers) coming out of their skin. Patients usually present with feelings of biting, crawling and



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*Nicholas Brownstone, MD*

stinging on their skin. They present to dermatologists because they believe they have a true skin problem. While there is limited research on how many people have this disorder, it is estimated to affect less than 1% of the population. DOP exists on a spectrum. Some patients feel abnormal sensations on their skin, and while they may initially think it's due to a parasite, they are open to other explanations as to the cause. On the other hand, some are only concerned with getting validation that their strange

feelings are caused by parasites, even when all the evidence points to the opposite conclusion.

Unfortunately, dermatologists often receive little training in how to handle these problems. A new review article in [SKIN, the Journal of Cutaneous Medicine](#), provides tips and methods for medical providers on how to help patients with DOP. It is important for medical providers to learn how to deal help patients who have this problem. This includes primary care doctors, psychiatrists, family medicine doctors, plastic surgeons, infectious disease specialists and parasitologists.

Nicholas Brownstone, MD, the lead author on the paper presents a path to treating these patients. Building a strong rapport is one of the most important principles of effective management. Dr. Brownstone offers some ideas to help build this rapport including making first impressions count, avoiding the use of psychiatric terminology when counseling patients and writing patient notes . He also demonstrates how to best handle specimens that DOP patients may bring into the office for the doctor to evaluate. Diagnosing the condition and making the distinction between primary (spontaneous cases) and secondary cases (often due to illicit substance use for example) is discussed as well.

In addition, there is now an effective medication for this condition. However, patients often will not consider taking any medication until a good rapport has been established. Furthermore, patients can be averse to any inkling of mental health or psychiatry and are therefore, resistant

to any medications with a FDA psychiatric label. Pimozide can be used for therapy because it is effective in many cases, has no psychiatric label and can lead to successful treatment and a possible cure.

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