Delusory Parasitosis

- aka “DP”
- Ekbom’s Syndrome
- Delusions of Parasitosis
- Psychogenic Parasitosis

Ekbom Syndrome

- Characterized by the perception that one’s body is infested by invisible ‘bugs’ such as mites or insects, despite evidence to the contrary
- Tactile sensations (stinging, burning, itching, crawling, etc.) and visualized in a variety of forms.

Typical Delusory Parasitosis Scenario

- Client has been experiencing some sort of “bites” (i.e., a biting sensation)
- Often has small “bite” marks, usually on trunk, neck, legs, face
- Cannot find actual causal agent
- Attributes problem to an invisible insect/mite (but then they describe what it looks like)

Typical Delusory Parasitosis Scenario

- Reports seeing something jump and/or fly
- Often describes very elaborate and complex “life cycles” of the organism
  - Multiple stages with very different appearances (much like some insects)
**Delusory Parasitosis**

**Typical Delusory Parasitosis Scenario**
- Often very candid in explaining details of their personal life (anatomical details of their problems, bodily functions, sexual habits).
- Will refute or explain away any explanations contrary to their theory of the causal agents (“mutations”, “new bugs”).

**The Usual Suspects**
- Insects/arthropods commonly blamed
  - fleas
  - bed bugs
  - lice
  - mites - chiggers, bird mites, dust mites
  - spiders
  - ticks

**Straw Itch Mites**
- *Peymotes tritici*
- Bites occur on the trunk of the body. The bites result in erythematous welts. Straw itch mites breed in straw, hay, rushes and other grasses.

**Chiggers (aka “Red Bugs”)**
- Larva of the harvest mite will parasitize most wild and domestic animals.
- On wildlife, chiggers become replete several days after attachment.
- On humans, chiggers are usually scratched off within several hours of attachment.

**Chiggers**
- Bites can produce a dermatitis or vesicular lesions.
- Bites are usually located on the lower extremities where garments constrict the skin.
Northern Fowl Mite
*Ornithonyssus sylviarum*

- Parasite of nestling birds.
- In the spring when nestlings fledge, mites abandon nests
- Multiple bites results in a dermatitis results

Delusory Parasitosis

- Majority of DP sufferers are:
  - Female
  - 40+ years old
  - Well-educated - most with degrees**

Delusory Parasitosis

- Stress - Personal/professional issues
  - Job dissatisfaction
  - Divorce, illness (them) or recent illness/death in the immediate family
  - PTSD
- Other undiagnosed (misdiagnosed) illnesses that present similar symptoms/side effects

Delusory Parasitosis

- Problem usually at home
  - Usually one
  - Sometimes spouse and/or children
  - Individual is concerned about carrying the pest to work, or to another home, to their car, etc.
  - Some visitors become “infected” and take the pest home to their homes and/or cars

Delusory Parasitosis

- Industrial situations
  - Often multiple cases
  - May result in workman’s compensation claims and investigation by NCDOL/OSHA or NCDHHS (Industrial Hygiene)
  - Causal agent - “paper mites”, imported items
Delusory Parasitosis

Skin irritations of non-insect origin

- Indoor environment (temp. & R/H)
- Static electricity (also the cause of “jumping” insects)
- “Tight Building Syndrome” – (IAQ problem)
- Dust
- Chemicals (detergents, lotions, etc.)

Skin irritations of non-insect origin

- Exposure to something “new” in the environment (allergy)
- Fibers from paper or wood
- Food including spices
- Medications, vitamins, supplements
  - “Meth Mites” (Formication)
  - Prescribed medications

Major Concern

- Pest control companies apply pesticides for flea control (which subsequently fails)
- Individual also applies pesticides purchased at retail store
  - Applications are made at rates and/or frequency greater than those listed on product label
  - Applications made to sites not on label
Delusory Parasitosis

Remedies Tried

- Repeated washing/drying and changing of bed linens, towels, clothing, etc. (often several times daily and often ruining items)
- Repeated carpet cleaning
- Discarding of “infested” clothing, furniture, mattresses, etc.

Remedies Tried (applied to the body)

- Prescription or OTC lice and scabies treatments (e.g., permethrin, malathion, ivermectin)
- Insect repellents (DEET)
- Household insecticides**
- Bleach
- Kerosene

Remedies Tried

- Bathing 2-4 times daily (sometimes using vinegar)
- Alcohol, neem and other essential oils, other “natural” chemicals, non-insecticidal lotions
- Scraping/excoriation (scissors, knives, etc.)
Samples Sent to the PDIC

- Glue boards
- Vacuum cleaner bags
- HVAC filters
- Scotch tape (pressed against skin)
- Skin samples
- Clothing - pantyhose, shirts
- Other items (bed linens, pillows)
- Liquids of suspect origin
Resolution of DP Cases

- Most (90%??) individuals stop calling us
  - Call another agency (NCDA&CS, NCDENR, county EH)
  - Just give up on us
- Some call back to say that they were “cured”

What Should You Do?

- **Be Supportive**
  - Listen
  - Ask questions to help clarify what they’re telling you.
  - Don’t get too personal with questions/comments

- **Be Supportive**
  - Don’t challenge but don’t passively affirm their ideas/position when there is no proof at hand.
  - Avoid using the “DP” term
  - What can “mimic” a biting sensation

- **Be Sure of your comments/statements**
  - What you say can become “fact”
  - Admit if a question is beyond the scope of your background, best directed to an entomologist or physician

- **Recommend**
  - that they discontinue pesticide applications in the house and to themselves:
    - The hazard to them (and possibly their family)
    - Applications can mask the actual problem
What Should You Do?

- If possible, get **some** samples (give some guidance)
  - Glue boards
  - Tape pressed against skin (attach to index card or paper)
- Recommend that client seek medical assistance, preferably a specialist (dermatologist, allergist, etc.)