

Opinion

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Delusion: Brief Considerationst

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Delusion is considered a false judgment. He can present as essential characteristics the fact that the patient has the absolute subjective conviction and certainty of something, not to question the veracity of his delusion. Objective experience, the explicit proofs of reality, cannot modify delirium [1]. Delusions generally arise after a period considered pre-delusional in which the patient experiences intense distress and anxieties [2]. They can be acute or chronic. Acute delusions arise quickly, usually linked to disorders of consciousness, in toxic or infectious psychoses. Chronic delusions are persistent, long lasting, and with little chance of change over time. These delusions are part of the pictures of psychosis characterized by permanent delusions. It must be considered that delusional ideas are not only the beliefs and conceptions by which the themes of delusional fiction are expressed, such as persecution, grandeur, jealousy, but also delirious ideas are considered ineffective phenomena in which delusion takes shape, such as intuitions, illusions, interpretations, hallucinations, imaginative and passionate exaltation.

These delusional ideas cannot be conceived as mere errors of judgment [3]. From the nosographic classification of Kraepelin and with Bleuler's works, many of these delusions became part of schizophrenia. Delirium cannot be considered only as passionate and accidental, or a kind of dream or disturbances of mood and perceptions brought about by intoxication. He is actively present in the relationships that unite the person to his world. Therefore, delirium is embodied in the personality of the delusional. The delusions are in this sense, personality disorders. The thought is driven by a delusional conception, that is, of the psychic reality of the patient, rather than obeying the truth and the common reality.

Chronic delusions can be systematized and do not progressively impair one's adaptive capacities. They maintain over time their content and richness of detail.

These delusions are directly connected with the construction of the personality of the delirious and develop with coherence and clarity according to Kraepelin. They present a logical construction, from false elements, which are Clérambault's postulates of the delirious fable. Its evolution is insidious and progressive. Interpretations, delusional perceptions, hallucinatory activities, and fabulations, which are characteristic symptoms of these delusions, are reducible to pathological beliefs. Due to their systematic form, these delusions are relatively coherent and present themselves to those who are close to the delusional many times plausibly. Therefore, their power of conviction is great and may cause others to participate actively in delirium, as induced delusions [4]. Considering that clinical manifestations of mental disorders occur under different modalities, it is important to resume the classification of delusions taking into account their acute and chronic form. This allows for a more accurate diagnosis and more effective therapeutic behavior.

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