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Update

NPMA LIBRARY UPDATE

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Delusory Parasitosis (DP) or Ekblom's Syndrome

Twice a year, in spring and again in the fall months, pest management professionals (PMPs) will experience a spike in "itch case," or illusions of parasitosis calls. These result from real environmental stimuli which are incorrectly perceived as being due to insects. Usually, this is related to a change in humidity as either the air conditioning or the heating systems kick in with the seasonal changes, and resulting moisture levels in the air of the workplace are affected. Static electricity can increase as a result of lowered humidity, causing shards of paper or fibers from carpet or insulation to stick to ladies' pantyhose and socks, and causing an itching sensation. Dry skin also results in such environments, leading to itchy skin as well. As clients scratch, they can create welts that bleed; they feel that a real insect pest is present.

The power of suggestion can be strong, and one person's itching can lead to whole wings of buildings being "affected." That's when you often will get a call to do something about the "insects" that are "biting" the workers in a certain area of a building. Because most workers sit at cubicles surrounded by electronic equipment like computers, faxes, photocopiers, etc., there is a great deal of static electricity that builds up anyway in these environments. The lowered humidity increases this phenomenon. This is one scenario for an itch case that can be resolved with an increase in humidity, once insect pests have been ruled out. Simply a good carpet shampooing or the installation of a humidifier will often take care of the problem. To rule out insect pests first, be sure to monitor the area with glue traps and do a thorough inspection for any possible pests. Also, consider pests that might possibly be brought into the workplace from home, such as fleas, lice or bed bugs. Itching can also be caused by changes in diet, allergies, medications, soaps, detergents, or other environmental contaminants, such



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as insulation fibers. An industrial hygienist can be brought in to identify the specific environmental contaminant, but this can be quite costly.

A more serious form of itch case may have no real physical basis at all. It is psychosomatic, in that, a person *imagines* being bitten by insects, but no cause, insect or otherwise, is readily apparent. The patient believes that the bites or infestations actually occur. This situation is known as Delusory Parasitosis (DP) or Ekbom's Syndrome.

Ekbom (1938) was the first person to clearly differentiate the DP syndrome from entomophobia, an irrational fear of insects. The DP sufferers are absolutely convinced that insects are living within their skin and living areas. They will collect all kinds of samples to send to you from all kinds of places on their bodies. They will claim these samples have insects, worms or parasites in them. When you place these samples under a microscope, all you see are carpet fibers, dust, hair, trash, or skin scabs but no pests present. There seems to be something of a pattern to the typical sufferers of DP. They are usually post-menopausal age women who have recently experienced a traumatic situation, such as a close family member's sudden death or a divorce. They can be perfectly reasonable people otherwise, but irrationality takes over with the imaginings of pests biting them and their bodies. Another group that tends to experience this imagining is younger or older persons (men or women) who are drug users, especially taking cocaine, crack or crystal methamphetamine. They envision worms or insects crawling in their body and try to scratch or gouge them out. For a person with DP, no amount of telling them otherwise will convince them that they do not have a pest infestation.

These characteristics may suggest the condition of Delusional Parasitosis (DP).

The individual may:

1. Complain of "mites" or "bugs" on or in their person.
2. Say that "bugs" are causing itching, rashes, and/or lesions, and will present with red sores.
3. Have seen a number of physicians who have said there are no bugs.
4. Have seen physicians who have confirmed from the red sores that the individual is being bitten by a "bug."
5. Have had their house sprayed for the "bugs" by professional pest management companies a number of times in a relatively short period of time.
6. Have set off several "bug bombs" in their homes themselves.
7. Be a younger person with a drug addiction, especially to cocaine or methamphetamines.
8. Be an older (post-menopausal) woman.
9. Be an afflicted person who is secluded or lives alone.
10. Often be an individual who has suffered a recent loss of a loved one through divorce, death, or rejection.
11. Brings in multiple specimens on scotch tape, in sandwich baggies, on index cards, or in vacuum bag dust.
12. Otherwise appear rational in their behavior.

What you the professional pest manager should do in every case:

1. Do inspect the account thoroughly.
2. Do place monitors out and check regularly to rule out legitimate potential pest causes of itching.

(Potential causes *can* include: fleas, bed bugs, bat bugs, lice, psocids, springtails, ants, bees, wasps, spiders, carpet beetle larval hairs, biting midges, mosquitoes, ticks, chiggers, and other mites.)

3. Try to patiently listen to the client; explain that other environmental factors can cause itching as well.
4. Do not confirm the delusion by using the words "bite," "bug," or "pest" (if there are none), and try not to scratch while talking with them.
5. Do not suggest that they are "crazy" or should see a psychiatrist.
6. Do document everything you say and do with these cases. They can

Potential biting/stinging insect pests that can cause some people to itch:

- fleas
- bed bugs
- bat bugs
- lice
- psocids
- springtails
- various ants, bees or wasps
- urticating hairs from caterpillars
- carpet beetle larval hairs
- biting midges, gnats or mosquitoes
- spiders and scorpions
- ticks, chiggers and other mites



flea



lice



carpet beetle
larval hairs



tick



bed bug



bee



mosquito



mite



bat bug



urticating hairs from
caterpillars



spider

often drag on and can potentially become litigious in nature.

7. Never spray a pesticide when no pests are present. (This is against both the label of the product and the law.)
8. Never spray just water in a compressed air sprayer to make a customer think you are spraying a pesticide. This can backfire on you.
9. Do recommend an industrial or environmental hygienist to come in and analyze any environmental contaminants present.
10. Do recommend a visit to their dermatologist and/or family physician. (Hopefully, this doctor can then ascertain the situation and make the needed psychiatric referral.)

Environmental factors that can cause some people to itch:

- Chemical solvents
- Caustic chemicals
- Paints
- Paper shards
- Metal shavings and wires
- Fiberglass fibers
- Carpet fibers
- Carpet glues
- Sunburns and sun allergies
- Plant irritants like poison ivy
- Smoke
- Dusts and molds
- Static electricity
- Lack of humidity
- Food allergies or recent dietary changes or nutritional deficiencies
- Soaps and detergents or recent changes in them
- Various medications or recent changes in medications
- Various medical conditions, including dry skin, eczema, high blood pressure and pregnancy

Some Web sites that deal with delusory parasitosis:

- Cultural entomology http://www.insects.org/ced2/insects_psych.html
- Fact sheet <http://www.ianr.unl.edu/ianr/lanco/enviro/pest/factsheets/009-95.htm>
- Imaginary infestations <http://www.medscape.com/SCP/IIM/1998/vl5.n03/m4174.godd/m4174.godd.html>
- National Geographic <http://www.nationalgeographic.com/media/ngm/9812/fngm/index.html>

Dr. Nancy Hinkle of the University of Georgia DP Center (article in *American Entomologist*, spring 2000) states that although arthropod activity can cause irritation to humans, similar sensations can be produced by many other conditions. "When there is no arthropod involvement, the condition is termed 'delusory parasitosis' and is no longer within the scope of entomological expertise but appropriately devolves to health care professionals." Though the entomologist may be the first to interact with such an individual, the entomologist's *only* function is to determine whether insects or mites are involved and, if so, to identify and make recommendations for their suppression.

For more information or assistance with these cases:

For DP sufferers: please contact Allison at 706-542-9033. She will chat with them and provide instructions on how to submit specimens to the DP Center at the University of Georgia.

For a PMP or someone dealing with a DP case who wants information, please speak directly with Dr. Nancy Hinkle at 706-583-8043. 