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Original Research Paper

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FREGOLI SYNDROME: A CASE STUDY

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The Fregoli delusion or the delusion of doubles was first described in 1927 by French authors Courbon and Fail. They reported the case of a woman who believed that two famous actresses of the time were taking on the guise of different people such as friends, employers, and strangers in the street. The Fregoli delusion is a rare psychiatric condition characterized by a false belief that different person are in fact the same person[1]. This syndrome has often been discussed as a variant of Capgras syndrome in the literature, but these two syndromes have different phenomenological structures and age and sex distribution[2]. The syndrome may be related to a brain lesion and often of a paranoid nature, with the delusional person believing themselves persecuted by the person they believe is in disguise.[3] In 2023 first meta analysis was conducted. An estimated 42% of the reported cases (119 patients) involved a secondary etiology.[5]

SIGN AND SYMPTOMS

- Difficulty sleeping
- Hallucinations
- Memory loss
- Mild cognitive impairment[4]
- Delusion
- Deficit in self-monitoring
- Deficit in self-awareness
- Deficit in executive functioning[3]
- Feeling that someone is pretending to be someone else in order to harm you
- Feeling that someone is following you
- Feeling paranoia and anxiety
- Feeling that different people are actually the same person[1]

OTHER TYPES OF DELUSIONAL MISIDENTIFICATION SYNDROMES

The Fregoli delusion is one of four types of delusional misidentification syndromes. These syndromes are characterized by false belief that someone is impersonating another person: The other three types are the following:

- Capgras Delusion: This is the belief that a loved one has been replaced by an imposter.
- Intermetamorphosis Delusion: This is the belief that different people are actually the same person who periodically changes appearance
- Subjective Doubles: This is the belief that you have a doppelgänger or a copy of yourself. [1]

DIAGNOSIS:

A healthcare provider, usually a psychiatrist will diagnose Fregoli syndrome after a mental health evaluation and testing. Testing can determine a possible cause or rule out conditions with similar symptoms. Following tests to make a diagnosis:

- An MRI or CT scan
- An electroencephalogram (EEG)[5]

TREATMENT FOR FREGOLI DELUSION

There is no known cure for the Fregoli Delusion. However, treatment may help lessen symptoms and improve quality of life

- Pharmacotherapy: Medication can help lessen symptoms of Fregoli delusion, such as paranoia and anxiety. Antipsychotic medications such as aripiprazole and olanzapine. Antiseizure drugs and antidepressants are prescribed to combat other symptoms of the disorder.
- Therapy: Therapy can help in managing the condition and helps to cope with the stress of the Fregoli delusion. Cognitive Behavioural Therapy is one type of therapy that may be helpful. In this type of therapy that may be helpful. In this type of therapy, the person works with a therapist to challenge their false beliefs.
- Support Groups: Support groups can provide a space for people with the Fregoli delusion to share their experiences and connect with others who understand what they're going through. Through this support, people may feel less alone and more helpful. [1]

A case of a male with Fregoli syndrome is discussed with his elder sister consent. Ms.X 43 years old male was admitted in Male psychiatric ward of Maharishi Markandeshwar Medical College and hospital, Kumarhatti, Solan on 29/8/24 with the complaints of according to patient- hearing voices, changing faces of mother and sister and has fixed belief that faces clearly changes. According to informant- Muttering to self, laughing to self, irritability ,unhygienic since 7 days. Onset of illness is insidious and course is continuous. In the past history he was admitted in IGMC Hopsital Shimla-18th May 2024 where he was diagnosed with F20 and was on medication Tab. Risperidone (3mg+2mg) BD, Tab.Clonazepam 0.5mg. In month of July patient was off medication for one week. In mental status examination.

General Appearance: Eye to eye contact initiated and maintained.

Psychomotor Activity: Average

Speech: Intensity – Audible
Pitch- Normal
Quality- Normal

Relevant, goal directed
Reaction time- Normal

Emotions: Mood and affect congruent to each other. Patient was looking anxious.

Thought: Presence of thought broadcasting
3rd person auditory hallucination (Persecutory)

Concentration And Calculation – Impaired

Memory: Intact
Judgment: Social judgment impaired, Test judgment intact

Insight- Grade 1

Undergoing medications include: Tb. Paliperidone 3 mg (BD), Tb. Trihexiphenydyl 2mg(OD), Tb. Clonazepam 0.25mg (SOS). There was improvement in the negative symptoms of schizophrenia like patient is showing concern about his personal hygiene.

NURSING CARE

The nursing care for the client has been discussed elaborately by using the approach of nursing process.

NURSING DIAGNOSIS

1. Disturbed thought process related to disruption in cognitive operations as evidenced by delusion of persecution.
2. Disturbed sensory perception related to withdrawal into the self as evidenced by inappropriate responses.
3. Inability to express feelings related to fear of intensity as evidenced by helplessness and hopelessness.
4. Disturbed in interpersonal relationship related to lack of trust and difficulty in expressing feelings as evidenced by social isolation.
5. Decisional conflicts related to unclear personal beliefs and values, poor judgment as evidenced by delayed decision making and distress.

Expected Outcomes

The client is expected to define and test reality, eliminating the occurrence of hallucination, able to take required daily life decisions and to express his feelings.

NURSING INTERVENTIONS

1. Observation of client for signs of hallucination was done.
2. Client was encouraged to ventilate his feeling of fear, anger and hopelessness that arouse anxiety in a supportive environment.
3. The client was encouraged to share the content of the hallucination for an attitude of acceptance.
4. The client was helped to understand the connection between increased anxiety and the presence of hallucination to prevent client from interrupted escalating anxiety.
5. Client was involved in interpersonal activities and explanation of the actual activities that help client to bring back to reality.
6. Patient was educated to set realistic goals for himself and positive reinforcement was given after accomplishment of goals.
7. Client's family was educated to facilitate communication with client.

EVALUATION

Factual and need – based information has been given to the client about his diagnosis, symptoms and treatment modalities after this client and family members get the answer of their doubts and needed information was provided regarding coping strategies and enhancing their understanding and ability to manage the condition. Future knowledge has been given on creating a safe and supportive environment for client to alleviate his anxiety and improving overall mental health.

CONCLUSION

After providing comprehensive care to client several significant observations and outcomes were noted. The patient showed improvement in sleep patterns and decreased in hallucinations. The client exhibits reduction in delusion of persecution and anxiety through constant administration of antipsychotic and antianxiety medications. Despite these improvements, the patient is educated for regular follow ups appointments, ongoing therapies and medication management.

REFERENCES:

1. https://www.verywellmind.com/what-is-the-fregoli-delusion-6754382
2. Mojtabai R. Fregoli syndrome. Aust N Z J Psychiatry. 1994 Sep,28 (3):458-62. doi: 10.3109/00048679075874. PMID: 7893241.
3. https://en.m.wikipedia.org/wiki/Fregoli_delusion
4. https://my.clevelandclinic.org/health/diseases/fregoli-syndrome
5. Dias TM, Dadwal AK, Vaughan B, Graham B.Neuropsychatric features of fregoli syndrome: An individual patient meta-analysis: J neuropsychiatry Clin Neurosci 2023;35:171-177 doi:10.1176/appi.neuropsych.220010011