Research Paper Medical Science

Capgras Syndrome : A Case Report

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ABSTRACT

Delusional disorders are of various types like erotomanic, grandiose, jealous, persecutory, somatic and unspecified types. The delusional misidentification syndromes (DSM) are characterized by misidentification delusions of others or of the self. They may occur in various psychiatric disorders like schizophrenia, dementia and various organic disorders. Here we present a case of 45 year female having Capgras Syndrome.

KEYWORDS delusional disorder, Capgras syndrome.

Introduction

In Delusional Misidentification Syndromes, patients misidentify familiar persons, places, objects, or themselves, believing that they have been replaced or transformed. They can be considered delusional because the misidentifications are false and are not correctable by experience or reason.[1] Four types have been identified-Capgras Syndrome, Fregoli Syndrome, the syndrome of intermetamorphosis and the syndrome of subjective doubles. The most common form of misidentification is the Capgras syndrome. Originally described by Capgras and Reboul-Lachaux, this disorder consists of the delusional belief that a person or persons have been replaced by "doubles" or impostors.[2] Various theories explain the etiology of Capgras delusion, ranging from neurological approaches to psychodynamic ones. It has been proposed that a brain lesion interferes with the patient's ability to sense a familiarity toward the significant other, while the ability to identify that person is intact. [3] The psychodynamic theory posits that the delusion is a way in which the patient deals with the ambivalent emotions that he feels toward the close family member, denying anger at the close relative and instead claiming that the anger is being expressed at an impostor. The primitive ego defense mechanisms of projection, denial, and splitting constitute an important psychological component of the delusion of doubles.[4,5]

Case Report

A 45 year old 7th standard educated Hindu female was brought to our OPD by her relatives with chief complaints of suspiciousness, irritability over petty issues, and occasional anger outbursts since 4 years and aggravated since last 5 months. She was apparently alright 4 years back when one day without any apparent stressor, she developed a hostile attitude towards her husband and sons. She began saying that her husband is not actually her husband but is replaced by some imposter. Initially she was not taken seriously and the family members used to either ignore her claims or silence her for saying useless things. Gradually over a few days she started claiming that her sons are also not actually her sons but are replaced by imposters and all of them are trying to kill her by poisoning her. However she continued doing her day to day functioning and performances of daily chores was unaffected. She was also having normal sleep and her self-care was well maintained. She did not have such doubts towards other relatives or neighbors. Also she did not have any perceptual disturbances.

Gradually 1 year later her condition worsened and she started checking bags of her husband as well as of her sons. She would often allege that they are planning against her and trying to kill her. She started claiming that they are the imposters sent by the people holding high posts in the government that is newly going to be formed in the country. And they perceived threat from her because of her name and they are about to end her. However she would get subdued by the efforts of her family members to convince or silence her but silently and secretly she would continue to investigate the matter. Relatives claimed that they thought of seeking expert opinion but she would often be very hostile to any such request and there was not much disturbance in her daily schedule so they could ignore such behaviors. Hence she remained untreated for 4 years.

Now since last 4 to 5 months her behavior has worsened still more and now she started with constant verbal altercation with family members, stopped doing her household chores. She started going to her relatives and informing them about her husband and sons being imposters. She also said these things to her neighbors. She would not get convinced in spite of the repeated attempts of her family members to try and convince her about the reality. She started making an attempt to make a move from the house and before doing that wanted to destroy all her belongings which she had right from the time of her marriage.Every day she would take up something and would burn it or dispose it including her old collection of cloths, photos of the marriage, photos of her son, gifts which were given to them during the course of time. About one month prior she made a move out of the house and went to a different city to the place of a distant relative where she burned one last bag that was left of her collection of the old items.

From there she returned to Mumbai but went to another rel-

ative claiming that now she needed to do a job and become self-dependent as she had no faith in her husband and her sons. The relatives finally taking help from her husband and son brought her to hospital under the pretext that they needed to get her a fitness certificate in view of obtaining the job. There were no other complains like hearing voices inaudible to others, muttering and gesticulating behavior. Also she denied having sadness of mood, ideas of hopelessness and worthlessness. There were no sleep or appetite disturbances. There was no history of psychiatric illness in her family. She did not suffer from any other medical or surgical illness.

No significant abnormalities were noted on general and systemic examinations. On mental status examination patient was averagely groomed, restless and had anxious look on her face. She cooperated with difficulty and would often break eye contact during the interview. Mood she conveyed was fearful and affect was congruent to her mood and appropriate to her thoughts. She was speaking in a low volume and was afraid that somebody might hear her. She repeatedly stressed on fact of her husband and sons having been replaced by the imposters and they are trying to end her suggestive of delusional abnormality. She denied to having any perceptual abnormalities. Her insight was grade 1 (she claimed that she did not have any illness).

She was diagnosed as having Delusional Misidentification Syndrome, Capgras Syndrome. She was treated on O.P.D. basis and started on oral Risperidone 4mg and Trihexyphenidyl 4mg in divided doses. After 2 weeks of follow up she claimed about 20% improvement. She had dropped the idea of shifting her house but still had the fear of her relatives being imposters. Risperidone was increased to 6mg a day and after 2 weeks she had 40-50% improvement. Her irritability had reduced much and also started doing her household chores. Her delusions had decreased to some extent. She had stopped the checking behavior and did not have idea of her family members being against her.

Currently she is mantained on Risperidone 8 mg and Trihexyphenidyl 6mg in divided doses and is regularly following up.

Discussion

Capgras Syndrome has been associated with various neuropsychiatric conditions, organic illnesses, and neurological disorders. It occurs in up to 4% of psychosis patients, mostly in patients with paranoid schizophrenia. It has also been seen in patients with schizoaffective disorder and affective disorder. [6,7] Neurological causes include epilepsy[8], pituitary tumour[9], head injury[10], cerebrovascular disease [11], Alzheimer's disease[12], dementia with Lewy bodies[13], multiple sclerosis[14], Parkinson's disease.[15]

The case described above is the one of pure Capgras Syndrome without any other psychiatric or organic etiology. But one needs to be aware of various etiologies discussed above.

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