Uncommon Psychiatric Syndromes

Delusional Misinterpretation

Capgras delusion
- described by Capgras and Reboul-Lachaux in 1923
- they called it l’illusion des sosies (illusion of doubles)
- also associated with Levy-Valensi

Clinical features
- the patient believes that a person closely related to him has been replaced by a double
- he accepts the resemblance, but believes they are different people
- more common in women
- can occur with inanimate objects

Aetiology
- associated with:
  - schizophrenia (when it is based on a delusional percept)
  - mood disorder, esp. B.A.D
  - organic brain disease, particularly frontal lobe dysfunction or right hemisphere lesions
- possibly the result of ambivalent attitude to person implicated

Fregoli delusion (Courbon and Fail, 1927)
- derives its name from an actor called Fregoli who had great skill in changing his facial expression
- less common than Capgras
- the patient identifies a familiar person (usually someone he believes to be his persecutor) in various other people he encounters
- he maintains that while there is no physical resemblance, they are physiologically identical
- usually associated with schizophrenia

Syndrome of intermetamorphosis (Courbon and Turques, 1932)
- belief that others can change into one another at will
- person A becomes person B, B becomes C, C becomes A, etc.

Syndrome of subjective doubles (Christodolou, 1978)
- patient believes that doubles of him/herself exist
- usually co-exists with Capgras
**Lycanthropy**
- belief that a person has been transformed into an animal

**Reduplicative paramnesia**
- belief that two identical places exist
- associated with diffuse brain injury

**Autoscopy**
- hallucination of oneself in ‘near-death experience’
Subtypes of Delusional Disorder

De Clérambault’s syndrome
• a manifestation of *erotomania*

Clinical features
• the subject, usually a women, believes that an exalted person is in love with her
• the supposed lover is usually inaccessible
• the subject is convinced that the ‘object’ is more in love than she, and that the object cannot be a complete person without them
• they believe that the supposed lover is unable to reveal their true feelings, has indirect conversations with her, and has to behave in a paradoxical and contradictory way
• some patients turn from a delusion of love to a delusion of persecution, becoming abusive and making public complaints about the ‘object’
• de Clérambault originally described two phases – hope followed by resentment

Aetiology
• if ‘pure’ form, may be a projection of denied, narcissistic self-love

Othello syndrome (‘morbid jealousy’)

Clinical features
• delusion of infidelity on part of the sexual partner
• normal phenomena are interpreted to fit in with this conviction
• desire to find proof, and to extract confession
• may lead to severe aggression and murder

Aetiology and associations
• may be a projection of own desires for infidelity, or of repressed homosexuality, or a result of own feelings of inadequacy
• may be associated with alcoholism (in a jealous, insecure personality)
• organic psychosis
• schizophrenia
• paranoid, obsessional personality
• associated with impotence
• seen in punch-drunk syndrome
• more common in cohabitees and gay couples
Monosymptomatic hypochondriacal psychosis (Munro, 1980)

Clinical features
• hypochondriacal delusions may take various forms:

1. Delusions of body odour and halitosis
   a) felt to be an ‘olfactory reference syndrome’
   b) seen in paranoid personality
2. Infestation
   a) Ekbom’s syndrome - infestation by insects
3. Delusions of ugliness or mishapenness

• some are coenaesthopathic states with exaggeration or distortion of subjective experience and sensation
• increasing anger and frustration may be expressed
• the delusional system may remain ‘encapsulated’ for many years

Aetiology
• often paranoid or depressed
• seen in organic brain disorder

Treatment
• PIMOZIDE has been found effective
• patients may be resistant to treatment

Ekbom’s syndrome
• delusions of infestation, usually by insects
• seen in:
  • affective psychosis
  • paranoid schizophrenia
  • delusional disorder
  • organic brain disease
  • neurosis
  • anankastic/ paranoid personality disorder
• often associated with tactile hallucinations in:
  • alcohol withdrawal
  • cocaine misuse
  • cerebrovascular disease
  • senile dementia
  • thalamic lesions

Cotard’s syndrome
• a.k.a. delire de negation
• more common in the elderly
• consists of depressed mood and nihilistic and hypochondriacal delusions
• the delusions are often bizarre, dramatic, or tinged with grandiosity

Induced delusional disorder
• associated with:
  • socially deprived
  • mentally or physically disadvantaged
• four types:

1. folie imposee – delusions of mentally ill person are transferred to someone who was not previously mentally ill
   • remission occurs in the associate if they are separated
2. folie communiquée – a normal person suffers a contagion of his ideas after resisting them for a long time
   • ideas are maintained despite separation
3. folie induite – a psychotic person adds the delusions of another to his own
4. folie simultanee – two or more people become psychotic and share the same delusional system simultaneously
Hysteria – Allied Syndromes

Couvade syndrome

• ‘couvade’ refers to the ancient ritual of the husband retiring to bed and simulating labour pains during the wife’s labour

Clinical features

• husband develops extreme anxiety and various physical symptoms, as of pregnancy, when wife is pregnant
• tends to present in 3rd or 9th month of wife’s pregnancy

Aetiology

• may be manifestation of understandable anxiety in anxious father
• may be expression of frustrated creativity, jealousy of attention paid to wife, or over-identification with wife

Ganser’s syndrome

Clinical features

1. approximate answers (vorbeireden), i.e. absurdly wrong but almost correct answers (e.g. ‘a horse has five legs’), which are inconsistent
2. may also be hysterical conversion symptoms (e.g. ataxia)
3. pseudohallucinations or even hallucinations
4. changeable clouding of consciousness
5. subsequent amnesia

• often sudden onset related to stressful (or criminal) circumstances

Aetiology and associations

• hysterical twilight state
• occasionally post-epileptic
• associated with depression and dementia
• may be similar to the ‘buffoonery state’ of acute or catatonic schizophrenia

Treatment

• usually recovers when stress removed

Münchausen syndrome (‘hospital addiction syndrome’)

• classified in ICD-10 under ‘other disorders of adult personality and behaviour
• symptoms are generated intentionally under voluntary will
• motivation to assume the sick role
• absence of external incentives e.g. economic gain, avoiding criminal prosecution
Epidemiology
- M=F
- mean age of presentation is 36 years

Clinical features
- plausible, often dramatic, history and symptoms of acute physical illness in the absence of that illness
- history of multiple hospital admissions and multiple operations
- show extensive pathological lying, and lack of personal rapport
- GI symptoms or haemoptysis are the most common presentations

Aetiology
- hysterical behaviour in severely disordered personality

Treatment
- occasionally a degree of treatable depression
- need to limit behaviour – hospital registry of such patients

Syndromes seen in organic brain disease

Klüver-Bucy syndrome
- seen in:
  - Alzheimer’s disease
  - Bilateral temporal lobe pathology
  - arteriosclerosis
  - Pick’s disease
  - cerebral tumours

1. visual agnosia
2. hypermetamorphosis - stimulus bound to contact and touch every object in sight
3. sexual indiscretion
4. affective blunting

Gerstmann’s syndrome
- lesion of dominant parietal lobe

1. right-left disorientation
2. finger agnosia
3. dysgraphia
4. dyscalculia

**Anton’s syndrome**
- due to a lesion of occipital lobe(s)
1. denial of visual disability
2. confabulation of visual detail

**Marchiafava-Bignami disease**
- due to extensive demyelination of the corpus callosum, the optic tracts, and the cerebellar peduncles
- associated with alcohol misuse
- probably related to vitamin B deficiency
1. ataxia
2. dysarthria
3. epilepsy
4. severe impairment of consciousness
5. more slowly progressive forms present with dementia and spastic paralysis of the limbs

**Central Pontine Myelinosis**
- acute fatal complication of alcoholism
- over correction of hyponatraemia has been implicated as a cause
- consists of demyelination involving the pyramidal tracts within the pons
1. pseudobulbar palsy
2. quadriplegia
3. loss of pain sensation in the limbs and trunk
4. vomiting, confusion, and coma are common

**Progressive myoclonic epilepsy of Unvericht**
- autosomal recessive
- consists of increasingly frequent myoclonic jerks in association with progressive dementia

**Gjessing’s syndrome**
- Gjessing (1947)
• a rare disorder in which catatonic symptoms recurred in phases
• he also found changes in nitrogen balance and believed there were changes in thyroid function which could be treated by thyroxine
• the condition, if it exists, is exceedingly rare