

Case Study on Capgras Syndrome

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Summary

Capgras syndrome has rarely been reported in elders. Aim of this study case is to maintain the therapeutic relationship with the patient, to build rapport and trust with patient. Patient is often diagnosed as chronic schizophrenia, characterised by a subtype of delusional misidentification syndrome in which the delusion of doubles is exclusively of the patient's own self. This subdivision can be termed 'syndrome of doubles of the self' or 'syndrome of subjective doubles'. Additionally, an examination of the patient's mental state showed paranoid delusions. He has been continuing the treatment in the Psychiatric Home and Rehabilitation Centre with total remission of psychotic symptoms. It is a rare and curious presentation of a psychotic episode, with very few similar cases noticed so far. This case study of nursing care can help supporting individuals with Capgras syndrome. By establishing trust, providing education, and implementing CBT techniques, nurses can contribute significantly to alleviating the distress caused by this rare psychiatric disorder.

Key words: Capgras syndrome, Syndrome of subjective doubles, organic mental disorder

A delusion is a fixed false belief based on an inaccurate interpretation of an external reality despite evidence to the contrary. In 1923, French psychiatrist Joseph Capgras first described the delusion. He and Jean Reboul-Lachaux coauthored a paper on a 53-year-old woman. The patient was a paranoid megalomaniac who "transformed everyone in her entourage, even those closest to her, such as her husband and daughter, into various and numerous doubles." She believed she was famous, wealthy, and of royal lineage. Although three of her children had died, she believed that they were abducted, and that her only surviving child was replaced by a lookalike (Chhaya, 2017). According to DSM-5, estimated lifetime prevalence of delusional disorder (0.2%) are far lower than the estimated lifetime prevalence for other major psychotic disorders, such as schizophrenia (0.3 to 0.87%) (APA, 2013).

Case Presentation

A man in his 60s with chronic schizophrenia was taken by a relative to the Psychiatric Home and Rehabilitation Centre. He was living with his family at that time and was running his own business. He had no significant medical history except for a diabetic

mellitus diagnosis; there was no family history of psychiatric illness. He had the complaints of loss of appetite, sleep disturbance and altered bowel and bladder habits for past 3 weeks. He addressed his father as former Chief Minister Puratchi Thalaivar Dr MGR and his mother is Puratchi Thalaivi Jayalalithaa and said that he has been replaced by bad man to good man.

The relative said that he is jovial, and he is perceived as being replaced by a double. Slowly he developed the second person auditory hallucination like he is talking with Lord Krishna about the world peace. He had the history of drug non-compliance so he had recurrence of symptoms. At the time of his initial psychiatric interview, he maintained eye contact, with no psychomotor agitation or retardation. Attention, concentration and orientation were intact. He described his mood as 'peaceful', and his affect was congruent with his mood. His speech was noted to be slightly increased in rate, but easily interruptible when necessary. He exhibited a tangential thought process with content in line with persecutory and self-reference delusions. He did not appear to respond to internal stimuli. At the time of the initial assessment, he denied any suicidality or homicidality.

Investigations

Although delusional misidentification syndromes

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were initially described in psychiatric patients, such presentations have been increasingly reported in patients with focal neurological lesions. Complete blood count, electrolytes, liver function tests, fasting glucose, cholesterol, triglycerides, endocrine function tests, and ECG showed no abnormalities, except for a mild folic acid deficiency. Urine drug screening revealed the presence of tetrahydrocannabinol (THC). Physical examination including neurological examination revealed no pathological findings. A CT scan of the brain exhibited standard results for the age group.

Differential Diagnosis

A diagnosis of a chronic-episode psychosis was established, and from the brief history, it was suggested that there was a gradual onset of symptoms. However, considering the age group and chronological manifestations of positive symptoms, a possible diagnosis of schizophrenia requires a longitudinal assessment (Ahuja, 2011; Townsend, 2020)

Medical & Psychological Management

The patient was admitted to the psychiatric ward and started a pharmacological treatment with daily Tab haloperidol 0.5 mg BD, Tab lorazepam 1 mg OD Tab folic acid 5 mg BD and Tab Glycinorm-M 1.0 mg OD.

Pharmacological treatment was combined with psychosocial interventions. Illness self management training was included in the treatment plan, including psychoeducation, behavioural interventions to facilitate adherence and a relapse prevention plan. The patient received psychoeducation based on group cognitive behavioural therapy and motivational interviewing on addictions, and participated in inpatient activities that were available to all patients. Family support and education about the illness was provided to mitigate disease burden and promote recovery (Sreevani, 2016).

Nursing Management

First and foremost, establishing a therapeutic relationship with the patient is essential in nursing care for case of Capgras syndrome. Nurses should prioritise building trust, empathy, and respect, as these factors contribute significantly to providing effective care. Building a therapeutic relationship based on empathy and understanding can help patients feel safe and secure, reducing their anxiety levels. By actively listening to their concerns and validating their experiences, nurses can create an environment where patients feel comfortable expressing their thoughts (Townsend, 2020). Communication should be patient-centred, allowing the individual to express their thoughts and beliefs while maintaining a non-judgmental attitude. By doing so,

nurses can help patients feel understood and validated, facilitating a collaborative approach towards their nursing care (Ahuja, 2011).

Implications of Nursing Practice

Mental health nurse care involves ongoing evaluation and monitoring of patient outcomes. Assessing the patient's response to treatment, both pharmacologically and psychotherapeutically, is crucial in determining the effectiveness of interventions (Townsend, 2020). Regular and systematic assessment of symptoms, including delusions, anxiety, and mood, can guide the development of individualised care plans and ensure appropriate adjustments as necessary.

Discussion

The Capgras delusion can present in several different contexts. A psychiatric differential diagnosis includes disorders in the schizophrenia spectrum (brief psychotic disorder, schizophreniform disorder, and schizophrenia), schizoaffective disorder, delusional disorder, and substance-induced psychotic disorder. In addition to psychiatric disorders, the Capgras delusion has been shown to occur in several medical conditions, which include stroke, central nervous system tumours, subarachnoid haemorrhage, vitamin B12 deficiency, hepatic encephalopathy, hypothyroidism, hyperparathyroidism, epilepsy, and dementia (Chhaya, 2017).

A similar study was earlier done on delusional misidentification syndromes and dementia, a border zone between neurology and psychiatry. The delusional misidentification syndromes is characterised by psychopathologic phenomena in which a patient consistently misidentifies persons, places, objects, or events. Although often described in relation to psychotic states including schizophrenia, it is, nevertheless, widely considered that these syndromes have an anatomical basis because of their frequent association with organic brain disease. Studies have pointed to the presence of identifiable lesions, especially in the right frontal lobe and adjacent regions, in a considerable proportion of patients. The delusional misidentification syndromes are a frequent problem in dementia. The violence and dangerousness in patients with dementia having these syndromes are well documented, and forensic aspects are highlighted. In this condition, pathogenetic viewpoint and management are considered (Cipriani et al, 2013).

A contradictory study was reported on Fregoli delusion in association with vascular dementia and haemodialysis. Neuropsychiatric syndromes, including anxiety, depression and cognitive impairment are common in patients undergoing haemodialysis, but psychotic disorders are rare.

We describe here the case of a patient with chronic kidney disease receiving haemodialysis for 7 years, who developed a Fregoli delusion with symptomatic exacerbation during the haemodialysis sessions, without improvement with several antipsychotic drugs. This was a rare case of Fregoli delusion associated with haemodialysis. The study illustrates the need to be mindful of neuropsychiatric disorders in patients undergoing haemodialysis (Do Ceu, 2016).

Conclusion

Nursing care plays a pivotal role in supporting individuals with Capgras syndrome. By establishing trust, providing education, and implementing Cognitive Behavioral Therapy techniques, nurses can contribute significantly to alleviating the distress caused by this rare psychiatric disorder. Through compassionate care and evidence-based interventions, we can improve the quality of life for those affected by Capgras syndrome.

References

1. Chhaya T. She's not my mother: A 24-year-old man with Capgras delusion. Federal practitioner for the health care professionals of the VA. DoD, and PHS. *Fed Pract* 2017; 34: 38-41
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. DSM 5th edn, 2013
3. Ahuja N. A Short Textbook of Psychiatry, New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2011, p 272
4. Townsend MC. Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-based Practice. 8th edn. F a Davis Company, 2020
5. Callaghan P, Gamble C (ed). Oxford Handbook of Mental Health Nursing (DRAFT). 2nd edn, Oxford University Press; 2015
6. Sreevani R. A Guide to Mental Health and Psychiatric Nursing (Fourth). Jaypee Brothers Medical; 2016
7. Silva JA, Leong GB. A case of "subjective" Frégoli syndrome. *Journal of Psychiatry & Neuroscience* 1999; 16(2): 103-105
8. Cipriani G, Vedovello M, Ulivi M, Lucetti C, Di Fiorino A, Nuti A. Delusional misidentification syndromes and dementia: A border zone between neurology and psychiatry: A border zone between neurology and psychiatry. *Am J Alzheimers Dis Other Demen* [Internet] 2013; 28(7): 671-78. Available from: <http://dx.doi.org/10.1177/1533317513506103>
9. Do Céu M, Ferreira AS, Costa B, Santos Á. Fregoli delusion in association with vascular dementia and hemodialysis: A case report. *European Journal of Psychiatry* 2017; 31(1): 42-44. Available from: <https://doi.org/10.1016/j.ejpsy.2016.12.005>