

## CAPGRAS SYNDROME IN DEPRESSION

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Capgras syndrome is a rare psychiatric syndrome in which the patient has the delusional belief in the existence of identical doubles of significant people in patient's life, or of the patient himself or herself, or of both (Capgras and Reboul-Lachaux, 1923). There has been discussion in the literature about whether the delusion of doubles should be considered as a 'symptom' or a 'syndrome'. Because the delusion occurs in a variety of illness states it might more appropriately be considered a 'symptom'. On the other hand, the fact that the delusional symptom is often the most striking aspect of the illness and the historical consistency of usage led Berson (1983) to speak of the delusions as Capgras Syndrome.

In a review of 133 cases of Capgras Syndrome, Berson (1983) has reported its presence both in men and women, in a wide age range, and in a variety of illness states. The most common diagnosis was schizophrenia; particularly paranoid schizophrenia. Among the 31 patients (23%) with organic diagnosis, most were given a concurrent functional diagnosis as well. Only 14 (10%) cases were reported in depression/manic depressive psychoses. The autobiography of Clifford Beers, a patient of manic depressive illness, elucidates the development of Capgras Syndrome in the midst of a depressive psychotic phase (Todd, 1981).

Capgras Syndrome has been reported in India with left side cerebral dysfunction (Patange, 1983) and with chloroquine induced psychosis (Bhatia et al., 1988). Christoudoulou (1977) emphasised that the clinical picture of almost all patients was dominated by a paranoid component.

There has been much discussion of the relative importance of organic and functional contributions to Capgras Syndrome. Enoch et al. (1967) assert that since the disorder occurs in a clear sensorium it is obvious that there is no organic basis of these symptoms but they could be explained on a psychodynamic basis. Some others have insisted on organic causes and have suggested that prosopagnosia is the most frequently convincing organic condition capable of inducing Capgras Syndrome.

Only a few case of Capgras Syndrome in depressive illness have been reported so far. Presented herewith is a case of Capgras Syndrome in a patient with Pseudo-Dementia.

### Case Report :

A 52 years old bus driver, educated upto VIII class, hailing from a nearby village, presented with a history of talking less, confining himself to his room, not going for his work, neglect of personal care and hygiene, heaviness and burning

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sensation in head, weakness, loss of appetite, early morning awakening and ideas of helplessness and hopelessness, from last 6 months and they were gradually progressive. One year ago he had a depressive episode of one month duration for which he received drugs and ECT and recovered completely. There was history suggestive of schizophrenia in the eldest brother four years ago, during which he left the house and did not return. Another brother is a patient of bipolar affective disorder and he had two manic episodes. Premorbidly the patient was well adjusted with cyclothymic personality traits. Physical examination did not reveal any abnormality.

Mental status examination revealed a thin built debilitated patient with slovenly appearance. He was reticent with masklike facies and stared vacantly with infrequent blinking. He appeared to be well oriented. Psychomotor activity was decreased. He did however, respond when given a pencil and paper. Recent memory and immediate recall were impaired. Mathematical ability was very poor. He complained that someone will kill him with a sten-gun and that the relatives are not their originals but duplicates. These symptoms continued and during first week of treatment with Nortriptyline 75 mg. and Nitrazepam 10 mg. per day, the condition deteriorated. He became stuporosed and totally unresponsive and had to be fed by ryles tube. Investigations of blood, urine, X-ray skull, EEG and head CT scan were done and were within normal limits. The patient was then started on electroconvulsive treatment and dosage of Nortriptyline was increased to 150 mg./day. A prompt and striking response was observed as patient started talking and

taking food on his own. Six ECTs were given over a period of two weeks and the patient completely recovered. Mental status examination done at this stage did not reveal any abnormality. Psychometric assessment was also not suggestive of any intellectual or memory improvement.

#### Comments :

The patient's depressive symptomatology and Capgras symptoms resolved simultaneously. He recognised relatives true identities and gained insight into his previous delusions.

He seemed to be unable to accept the identity of his true relatives in the background of his severely depressive state instead created 'bad' impersonators of them, who could not get him relieved of his misery. It has been suggested that the invention of doubles allowed patient to express hostility without risking guilt that would ensue from such expression directed at a loved person (Enoch *et al.*, 1967).

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