Misidentification Syndrome: a Case Series

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Introduction

Delusion Misidentification Syndrome (DMS):

- Term first used in 1981, to identify a cluster of conditions in which there is a false and unshakeable belief about the identity of self, of other people, or of animals, objects, or places.
- It was based on two essential features: (i) a misidentified entity; and (ii) a false belief about the identity of the entity.
- DMS's are classified on the basis of the identity being misidentified, as follows:
  (i) self,
  (ii) other people or sentient beings,
  (iii) inanimate objects,
  (iv) places.
- The aetiologies of DMS are not known, but a neurological perspective has emerged. Various neuroanatomic and neuroimaging studies suggest that DMS may also be due to cerebral pathologies, of predominantly the right side.

Introduction

- Commonly implicated brain areas:
  - Retrosplenial cortex
  - Perirhinal cortex
- Psychiatric illnesses showing DMS are: Schizophrenia, Affective Disorders, Schizoaffective Disorder, Substance-induced Psychotic Disorders, Delusional Disorders, and other psychotic illnesses.
- Neurological conditions such as Dementia, Stroke, traumatic brain injury, Epilepsy are also known to show DMS.
- In the following case series, 11 psychiatric cases with a common symptomatology of DMS have been tabulated, and four of them will be discussed.

Misidentified Identity	Delusion	Definition	Cases (11)
Other people	Capgras	A familiar person replaced by an unfamiliar impostor of similar appearance	5
	Fregoli	Stranger is a known person in disguise	2
	Intermetamorphosis	One person has transformed into another	1
Self	Reverse Intermetamorphosis	Oneself transformed into another person	1
	Mirrored-self Misidentification	One’s reflection is not of self	1
Inanimate objects	Inanimate Doubles	An inanimate object has been replaced by an identical duplicate	1

Case 1

- A 27-year-old unmarried male; who was diagnosed with Paranoid Schizophrenia 15 months ago, and had discontinued treatment after complete remission of symptoms within four months of treatment initiation; was brought to the Psychiatry OPD by his younger brother with complaints of hearing voices of an unknown man, ‘X’, who was repeatedly changing patient’s eyes, tongue, and nose and was also controlling his body movements.
- The symptoms had begun insidiously 6 months ago, when his family members noticed that he was interacting lesser than usual.
- 2-3 weeks after the onset, patient started hearing voices of ‘X’, who was being friendly with him.
- However, after a month, ‘X’ became hostile. He began to trouble the patient by swapping the patient’s body parts with diseased body parts of others, with the use of black magic.

Case 1

- Patient began to feel that his eyes were being swapped with the eyes of those who couldn’t see clearly. Due to this, patient was unable to look at anyone directly while speaking, because he felt that they would notice that his eyes weren’t his own.
- Patient also began to feel that ‘X’ was swapping his tongue with diseased tongues of others. This was causing him to be continuously aware of a malodourous smell, and he was unable to eat anything, as all the food was having a rotten taste.
- Patient also felt his nose being swapped with poorly shaped noses of others – those which were too small, or twisted – in order to make them appear better.
- ‘X’ was also inflicting pain over various body parts of the patient, or locking his limbs and disallowing free mobility.

Case 1

- Whenever patient would look into the mirror, he would feel that ‘X’ has changed his face completely.
- Due to these symptoms, patient was distressed, and no longer wished to live. When he expressed ideas of ending his life, his younger brother brought him to the Psychiatry OPD, where he was advised admission.
- Patient was diagnosed as a case of Paranoid Schizophrenia with **Mirrored-self Misidentification**. He responded satisfactorily to Olanzapine, and was discharged after near-total improvement within 40 days.

Case 2

- A 45-year-old illiterate widow had begun to hear hallucinatory voices of God, and was extremely suspicious of her neighbours and relatives, in the last 10 months.
- She was certain that it was them who had killed her husband, and were now stealing her gold jewellery after replacing it with similarly shaped fake ones.
- Patient was having delusion of persecution, **delusion of Inanimate Doubles**, and 2nd person auditory hallucinations of commenting nature.
- She was diagnosed as a case of Paranoid Schizophrenia. Currently, she is on trial of Clozapine, after two antipsychotics failed to bring remission.

Case 3

- An 18-year-old male was apparently alright until a year ago, when he started suspecting his class teacher, neighbours and friends of being against him. He believed that they had hired snipers to kill him.
- A month before presentation, patient started believing that his parents expired a few years ago, and have been replaced by identical doubles, who were spies from a secret agency. On the day of admission, he took a knife and attacked his mother, saying that he wanted to peel off her mask to expose her real face.
- Patient had delusion of persecution and **Capgras delusion**.
- With a diagnosis of Paranoid Schizophrenia, patient was started on antipsychotics. 6 months after treatment initiation, he attained near-total improvement.

Case 4

- A 32-year-old housewife presented with the belief that every person meeting her is the *swami* from a neighbouring temple. She was able to recognise the *swami* even when he was in disguise of other people, by hand gestures which were typical of him. She was also certain that the examining doctor was the same *swami* in the makeover of a doctor.
- She also had auditory hallucinations of multiple male and female voices interacting with the *swami*.
- Patient was having **Fregoli's delusion**, and 3rd person auditory hallucinations. She was admitted and required 8 ECTs after antipsychotics failed to bring remission. She is now maintaining well on oral antipsychotics.

Discussion

- The prevalence of DMS is <1% in psychiatric populations. Capgras delusion is the most common DMS at 0.12% prevalence in the general population, and 1.3-4.1% amongst psychiatric in-patients. It was seen in 5 out of 11 cases of our study. The other variants of DMS are too rare to have an estimated prevalence.
- Uncooperative and hostile behaviour in patients with DMS are well-supported by various case reviews and analyses.
- Hostility is usually the by-product of paranoia and suspicion, as a mode of defence for self, or for the one being misidentified.
- Cases of homicide and parricide have been reported to be seen more commonly in schizophrenics with DMS, than those without.
- DMS with a primary psychiatric pathology are more likely to be aggressive.

Discussion

- Prevalent literature suggests that psychotic illnesses are more likely to show DMS's, of which Paranoid Schizophrenia takes the lead. Our study reflected similarly, with all 11 cases being psychotic: 10 of Paranoid Schizophrenia, and 1 of Cannabis-induced Psychosis.
- Existing studies show a female preponderance in DMS, as was also seen in our case series, with 7 female cases and 4 male cases.
- The range of age was 18-56 years. A younger onset was seen in males, and an older onset in females.
- Functionality was impaired in all cases. 8 of the 11 cases exhibited uncooperative behaviour: of which 5 were aggressive, and 2 were homicidal.
- 5 cases showed remission of symptoms with only one antipsychotic, and 5 with two antipsychotics, and 1 is under trial with Clozapine. ECT was used in two cases, and showed positive results.

Conclusion

- DMS’s comprise a rare and interesting phenomenology.
- Mostly known to occur in context of psychiatric conditions, particularly of the psychotic spectrum.
- They remit with the treatment of the comorbid illness.
- Alleviating distress and danger for the patients and their families, as well as the misidentified subjects, is of paramount importance.

Thank you.

Schizophrenia and Obsessive Compulsive Disorder: a case series

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Introduction

✓ **Schizophrenia causes psychosis** characterised by significant impairment in the way reality is perceived with changes in behaviour which is associated with considerable disability and may affect all areas of life including personal, family, social, educational, and occupational functioning.

✓ **Obsessive compulsive disorder** is a chronic mental health condition in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and/or behaviours (*compulsions*) severe enough to cause marked distress and significant deterioration in general functioning.

- While the rate of OCD in the general population is less than 1%, the rate of OCD in people with schizophrenia ranges from **3.8% to 29%**.

DPU

1	25/M	Early	Contamination/hand washing	Persecution, Reference	3 years
2	43/M		Doubt/Checking		2 years
3	18/F		Intrusive thoughts/mental rituals		Follow-up awaited
4	29/F		Contamination/hand washing		8 months
5	40/M		Intrusive blasphemic thoughts		1 year
6	35/M		Intrusive sexual thoughts		3 years
7	35/M	Late	Doubt/Checking	Persecution, Reference	1 year
8	25/F		Intrusive blasphemic thoughts		1 year
9	38/M		Intrusive sexual thoughts	Auditory hallucination	Lost to follow up
10	41/F		Intrusive thoughts/mental rituals		6 months

DPU

Case 1

- A 29 years old engaged working female, was brought to psychiatry with her father 15 days before her planned wedding with history of belief that her cousins have sexually abused her during childhood but was unsure of it with belief that her coworkers know about this through her facebook posts and are talking ill about her with worrying thoughts of inability to break this news to fiance with frequent anger ourbursts.
- During her ward course, She claimed that her family might have planned the sexual abuse and has been lying to her all along. Soon after she started having suspiciousness towards fiance that he has lied to her about his job, lives in another country and wants to marry her falsely.

- With the diagnosis of paranoid schizophrenia, She was treated with antipsychotics and once the psychotic symptoms reduced, Excessive hand washing behaviour was being noticed by ward staff and on further evaluation, history of repetitive intrusive thoughts of contamination with compulsive behaviour of hand washing and cleanliness was found.

- Thereafter, a diagnosis of co-morbid OCD was arrived at, and anti-OCD medications were added to the antipsychotics, to which she responded well and is maintaining well since 1 year.

Case 2

- A 35 years old unmarried working male was brought to psychiatry by his father with history of psychiatric illness since 15 years on regular treatment with antipsychotics but never reached his premorbid level.
- With subsequent IPD admission he presented with suspiciousness that people at his workplace have been spying on him, taking his photos, tracking him and trying to get sensitive information from him. He also has suspiciousness that his friends and family are talking about him behind his back. Along with this, he had extreme worrying thoughts about why was this happening to just him.

- He also reported that he has been having doubts (*obsession*) constantly that he might have made a mistake in work and feels the urge to keep checking (*compulsion*) his work again and again. He also had repetitive intrusive thoughts that he has to have a good thought before leaving for work otherwise his day wont go well because of which he has to wait for long hours before leaving home just to get good thoughts.

- Thereafter, a diagnosis of comorbid OCD was made, and anti-OCD medications, was added to the antipsychotics to which he showed significant improvement and is maintaining well for the past 1 year.

Case 3

- A 25 years old married, working female came to psychiatry with complaints of repeated intrusive sexual thoughts about God *(obsession)* and belief that people may be thinking that she has a bad character by judging her gaze with suspiciousness that her neighbouring female has done black magic on her which has made her to have an extramarital affair with a man from workplace with hearing of voices of the same female abusing her and cursing her when no-one was around. She also has suspiciousness that people talk about her character and men at workplace make gestures because they think she has a bad character.
- For these complaints, she was started on antipsychotics and anti-OCD medications to which she responded well and is stable for the past 1 year.

Discussion

- Prevalent literature suggests that Schizophrenia and OCD are characterised by similar gender distribution and age of onset. Our study revealed a *male preponderance*: as 6 out of 10 cases were males and 4 were females. 6 had an early onset and 4 had late onset, making *early onset* as a more common presentation. Our findings are in agreement with earlier studies.

- An early onset of OCD in schizophrenia, male preponderance, aggressive obsessions has been associated with a *poorer prognosis*.

- Current neurobiological research in both schizophrenia and OCD suggest evidence of multi-system pathogenic mechanisms in both disorders, Schizophrenia has a dopamine pathway whereas OCD has a serotonergic pathway which makes the management in such cases quite challenging.

DPU

Conclusion

- In this case series of schizophrenia with OCD, It was seen that after **addition of antidepressants to the treatment modality** along with antipsychotics, significant improvement was seen in the overall symptoms, course and prognosis.

Thank you.