Prevalence of Delusional Misidentification Syndromes

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Abstract

The prevalence of delusional misidentification syndromes (DMS) in a consecutive sample of 195 inpatient admissions with functional psychosis was found to be 4.1%. It is argued that DMS symptoms are more common than previously supposed.

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The literature describing the clinical and neuropsychological features of Capgras' syndrome and the other delusional misidentification syndromes (DMS) is almost entirely anecdotal. Single case reports and small case series abound in the literature. No serious attempts have been made to establish the prevalence of the DMS within the broader context of psychotic illness, despite the universally agreed notion that they are 'rare'.

One problem facing any attempt to address the epidemiology of DMS is the lack of an agreed definition. Misidentification as a symptom is common in, and perhaps central to, psychotic illness. More specific, delimited misidentification syndromes are numerous: Joseph [1] distinguished eleven which span the neurological and psychiatric literature. In the study described here, we limited our consideration to the four classical misidentification syndromes described and defined by Christodoulou [2]: Capgras' syndrome; (2) syndrome of Frégoli; (3) syndrome of in-termetamorphosis; (4) syndrome of subjective doubles.

Methodology

A consecutive series of patients meeting operational criteria for functional psychosis were interviewed with a variety of assessment interviews including the Present State Examination (9th edition) and a series of structured questions concerned specifically with eliciting symptoms concerning delusional misidentification. The patients were a consecutive series of inpatient admissions aged between 16 and 50 who conformed to an operational definition of functional psychosis with one of the following symptoms in clear consciousness: delusions, hallucinations, formal thought disorder plus bizarre behaviour. 195 consecutive admissions to the Bethlem Royal and Maudsley Hospitals were included. Information was supplemented by casenote examination for the episode concerned. Patients with a clear history of organic neurological disease were excluded, as were those with gross cognitive deficits. Interviewers were asked at the time to use a

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standardized interview to rate whether a full misidentification syndrome was present and, if so, to record verbatim evidence to that effect. Descriptions from the interview score sheet combined with case notes were rated by S.L. and G.K. and positive cases assigned to one of the classical categories.

Results

Cases clearly meeting criteria for classical delusional misidentification syndromes [1] were 8 in number. This gives a prevalence of 4.1% (95% confidence intervals, 1.3-6.9%). There were 6 cases of the Capgras delusion (wife replaced by double; mother is a double wearing a mask; patients and parents are clones twice; people were imposters with swapped voices; all around are imposters). There was 1 case of combined Capgras' syndrome and subjective doubles (father had been made a clone and patient himself had a double) and 1 case of subjective doubles (the patient herself had been replaced by a double). In several other cases, information suggested partial forms of DMS with one or other defining criterion absent: not delusionally held, not including familiar persons and so on. The DSM-3R diagnosis in the 8 cases of DMS were schizophrenia or schizophreniform disorders in 6, bipolar disorder in 1 and drug use disorder in 1. Cases in which delusional misidentification phenomena had appeared in earlier episodes were not considered, since the present study limited itself to an index episode.

Discussion

Two reports have questioned whether Capgras' syndrome is as rare as usually alleged. Firstly, Fishbain [3], in an American study surveyed acutely psychiatrically ill patients presenting to an emergency room over a one year period: in this setting, the estimate was made that 1-2 patients per 1,000 would exhibit Capgras' syndrome. Fraser and Roberts [4] encountered in normal clinical practice 3 cases of Capgras' syndrome in a year; this was a retrospective collection. Full-blown-DMS were seen in 8 of 195 consecutively admitted cases with functional psychosis. If the sample can be taken as representative, the prevalence of delusional misidentification as a symptom amongst wider psychotic, particularly schizophrenic, illnesses is not as rare as many reports would suggest. Furthermore, we excluded cases in which phenomena had appeared in previous but not current episodes and also excluded cases with evidence of organic neurological disease, in which there might be expected to be a particularly high incidence of DMS. We were also aware of additional cases of *forme fruste*, partial DMS and many instances of unelaborated hyper-identification, instances of perceptions of one's own face changing etc. It would seem that the classical delusional misidentification syndromes are the tip of a larger iceberg of partial forms of hyper- and hypoidentifications which are common in psychotic illness.

References

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