

# Who's Who? Delusional Misidentification Syndromes



**A Carlat Webinar**

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### **Conflicts and Disclosures**

None

# Learning Objectives

1. Recognize the symptoms of delusional misidentification syndromes
2. Know the risks associated with untreated delusional misidentification syndromes
3. Understand treatment options for these syndromes
4. Summarize some of the current research findings in psychiatric treatment

# Case Example

- *Your new patient is a 30-year-old male with schizophrenia, disorganized type.*
- *His mother comes to the unit to visit, but he refuses to meet with her.*
- *He tells staff that the woman looks and sounds like his mother but is an impostor.*
- *His mother visits again two days later, and he demands that staff not allow her on the unit saying, “That lady is trying to trick me, but I don’t know who she is, and I don’t want her visiting anymore!”*



# Delusional Misidentification Syndromes

- Delusional misidentification syndromes (DMS) are a type of psychotic phenomenon
- Patients with DMS have a mistaken belief that a familiar person or object has been replaced or transformed
- ICD-11 has a separate diagnostic code, MB26.0B, for misidentification delusion
- In DSM-5-TR, they're regarded as delusional disorder, unspecified type



# Capgras Syndrome

- The most common form of delusional misidentification is Capgras syndrome
- Capgras syndrome is characterized by the belief that loved ones have been replaced by identical-looking impostors
- Joseph Capgras named the syndrome in 1923
- Capgras syndrome appears mostly in patients with psychotic illnesses (56%), but dementias, delirium, traumatic brain injuries and other medical conditions account for a large proportion (43%)



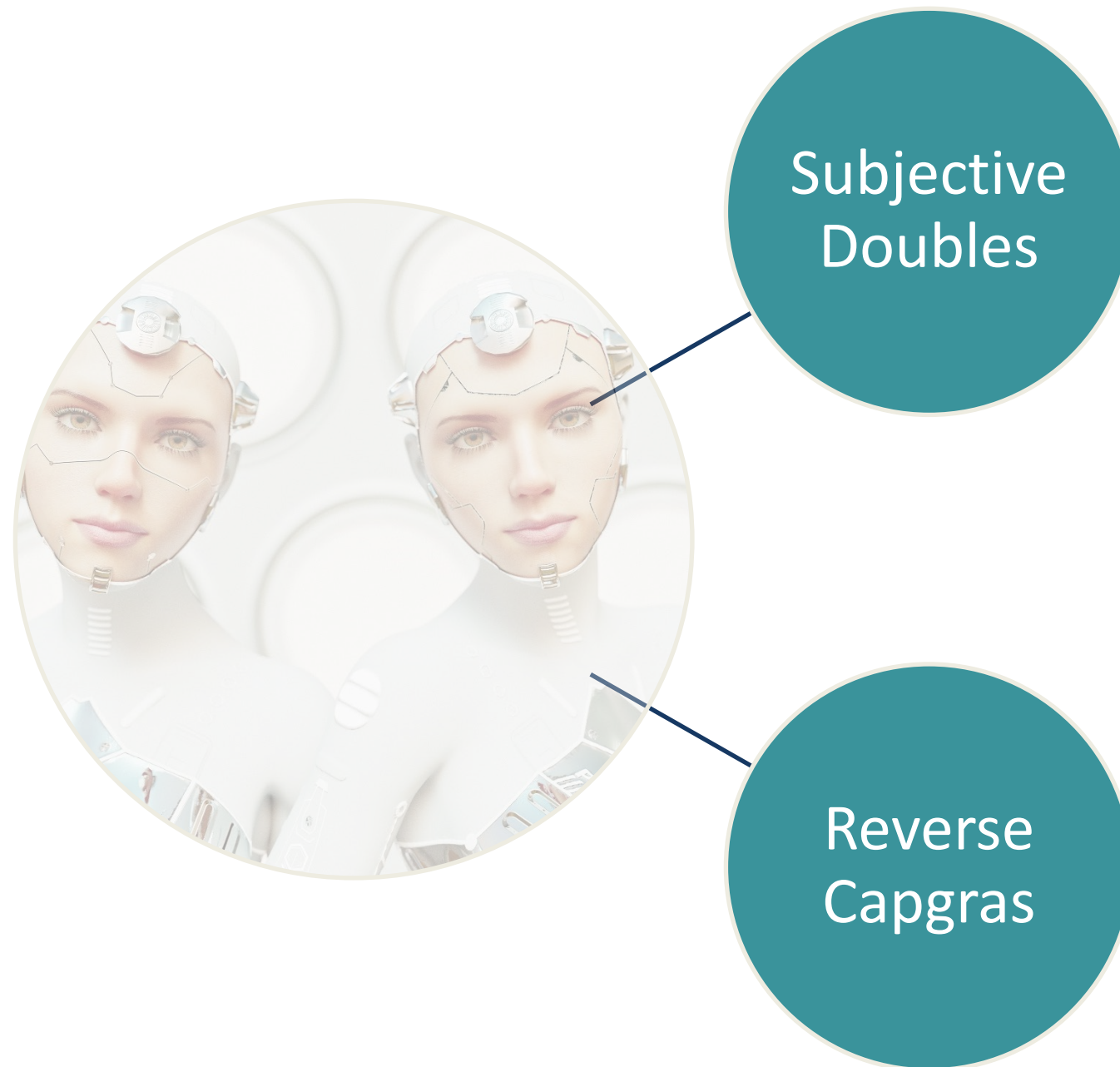
# Capgras Syndrome

- Patients with Capgras syndrome are typically younger and predominantly female when the underlying illness is a psychiatric disorder
- The impostor is typically a parent in these cases
- When the underlying illness is dementia, delirium, or another medical condition, patients tend to be older, and the impostor is typically the spouse or an inanimate object





# Capgras Syndrome Variants



- Patient believe that doppelgängers or doubles of themselves exist and act independently
- Patient believes they have been replaced by an impostor, often a famous person





# Fregoli Syndrome and Variants

- Patients with Fregoli syndrome believe that a familiar person is repeatedly changing their appearance; that a stranger is really a familiar person in disguise
- Named after Leopoldo Fregoli, an Italian vaudeville actor who was famous for his ability to switch costumes and characters so rapidly that he created the sense that several other Fregolis existed
- A variant is inter-metamorphosis, where individuals believe that familiar people and strangers swap identities while maintaining their original appearances



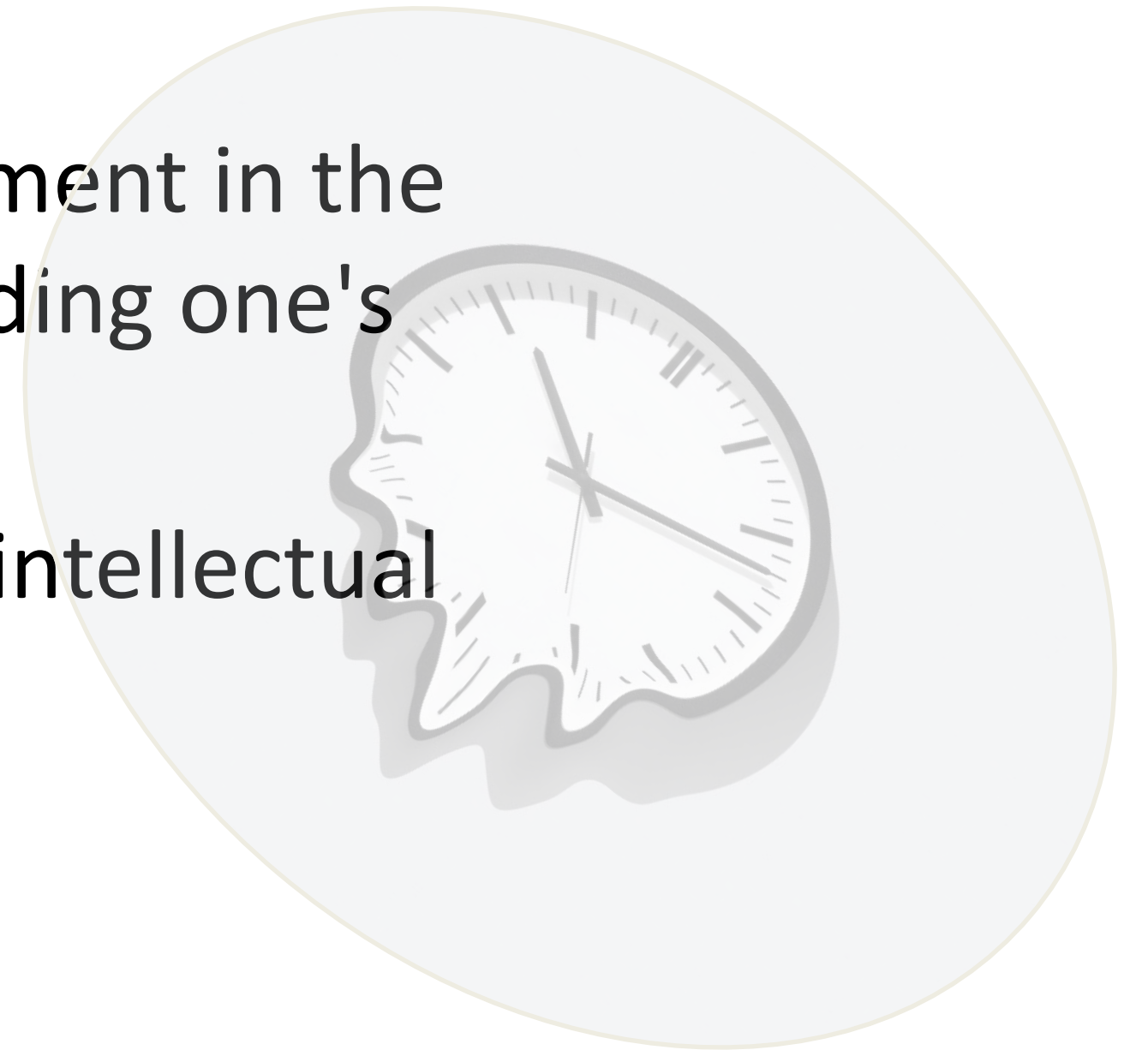
# Other Delusional Misidentification Syndromes

<b>Truman Show delusion</b>	Belief that one's entire life is a staged reality show broadcast for others' entertainment; named after the 1998 movie
<b>Cotard syndrome</b>	Belief that one is dead or that parts of their body are missing or putrefied
<b>Clinical lycanthropy</b>	Belief that one is turning into or has already turned into an animal, e.g. a wolf; symptoms incl. claiming that teeth are lengthening; walking on all fours; making growling noises



# Don't Confuse With Face Blindness

- Prosopagnosia (face blindness): impairment in the ability to recognize familiar faces, including one's own
- Other aspects of visual processing and intellectual functioning remain intact
- Prevalence estimated at 2.5%



# Prevalence of DMS

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- Capgras Syndrome is the most frequent presentation, followed by Fregoli Syndrome
- Approximately 14% of patients with psychiatric diagnoses experience Capgras Syndrome
- The risk appears highest among individuals with schizophrenia & dementia



# What Causes DMS?

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- The pathology underlying these syndromes is not well understood
- Among patients who undergo neuroimaging, right-sided frontal brain lesions appear particularly common
- Genetic vulnerability appears to contribute to the risk



# Assessment and Management

- As with any unusual presentation of psychosis, a standard workup is necessary to rule out medical or neurological causes
- However, in most cases, the underlying issue is a primary psychotic disorder
- Ask focused questions about whether patients are thinking about harming others



# Risk of Violence and Self-Harm

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- Approximately 60% of patients with DMS have physically attacked someone in relation to the misidentification
- Anger and delusions involving persecution, spying, and conspiracy are associated with violence
- Cotard syndrome is associated with a risk of suicide





# Treatment

- Clozapine appears particularly effective, even if underlying etiology is neurological
- Remission rates of 60%–70% have been reported with antipsychotics
- Add antidepressants or mood stabilizers if there is underlying depression or bipolar disorder
- Electroconvulsive therapy and cognitive behavioral therapy have been successful in some cases
- Many patients' delusions remain fixed despite multiple trials of medications and other interventions



# Summary

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- Delusional misidentification syndromes are a type of psychotic phenomenon
- Patients with DMS have a mistaken belief that a familiar person or object has been replaced or transformed
- Capgras syndrome is the most common form of DMS, followed by Fregoli syndrome
- Treat with antipsychotic medications



# Summary (cont'd)

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- Clozapine appears particularly effective even when the underlying cause is neurological
- Rule out medical or neurological causes
- Assess for risk of violence and self-harm in patients with DMS
- Consider electroconvulsive therapy and cognitive behavioral therapy for patients who do not respond to medications

