



MONTHLY MENTAL HEALTH NEWSLETTER

Presented by the Gwinnett County Sheriff's Office Mental Health Task Force



What is Capgras Syndrome (CS)?

Capgras Syndrome (CS) is characterized by a patient's false belief that an identical duplicate has replaced someone significant to the patient. In CS, the imposter can also replace an inanimate object or an animal. The patient may believe an identical duplicate person has replaced someone as close as a sibling or parent in their life.

It is named for French psychiatrist Joseph Capgras who first reported details of this disorder in 1923.

What are the symptoms of CS?

The primary symptom is the patient's belief that one or more of their loved ones or otherwise significant persons in their life are imposters. No matter the abundance of logic or reasoning offered the patient they will not change their belief.

There are cases where the delusion of an imposter is about more distant people, pets, or even objects. Delusions may come and go, especially among people with dementia. There may also be the symptoms of an underlying illness, like Alzheimer's or a brain injury.

People used to think that CS made people violent, but experts now know this is rare and more likely to stem from another comorbid condition.

What ways does CS affect the sufferer?

Some experts refer to CS as imposter syndrome. This is different from the more common "imposter syndrome" that refers to episodes when someone doesn't believe they're as capable as they are at some job or career.

Risk factors for CS, include having dementia or Parkinson's. CS has also been presented by persons that have abused illicit drugs and alcohol. Others have had health issues like low thyroid, other metabolic conditions, or a nutrient deficit, such as a B12 deficiency.

CS sufferer's pose tremendous problems for their self-care and of course their most immediate care givers if that caregiver is the object of their delusion. They will reject any and all association with those caregivers even if their living conditions depend upon those believed to be imposters.

Treatment for CS

Due to the obvious poor insight presented by any patient with a delusional disorder of any kind, their treatment is difficult. Unlike hallucinations, delusions are "beliefs" and therefore are not as treatable with anti-psychotic medications. Because CS is so rare there is a lack of empirical data. This poses a significant challenge to manage Capgras Syndrome patients effectively. What we are left with are attempts at therapy, with the support of anti psychotic medications.

Management of CS includes establishing a therapeutic alliance while negotiating mutually acceptable symptomatic treatment goals. It involves expressing empathy and interest in the patients' predicament. Confronting the CS patient will not produce positive results.

Another study has also shown that using medications appropriately to target the underlying disorder's core symptoms is an effective management strategy. Patient hospitalization is necessary if the patient is engaging in self-harm or violence. Identifying and treating comorbid psychiatric disorders is key to the management of CS.

REFERENCES

The G.C.S.O. Mental Health Task Force encourages you to utilize the sources listed below and the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) at www.samhsa.gov](http://www.samhsa.gov) to learn more about this and other important mental health topics.

<https://www.ncbi.nlm.nih.gov/books/NBK570557/>

Berson R.J. Capgras' syndrome. Am J Psychiatry. 1983 Aug;140(8):969-78. [PubMed]

Hillers Rodríguez R, Madoz-Gúrpide A, Tirapu Ustárriz J. [Capgras syndrome: a proposal of neuropsychological battery for assessment]. Rev Esp Geriatr Gerontol. 2011 Sep-Oct;46(5):275-80. [PubMed]

Major T. Maldonado, Unit Commander
770 619-6798

Dr. D. E. Tatum, Clinical Director
770 822-3111
gcsomhtaskforce@gwinnettcountry.com

