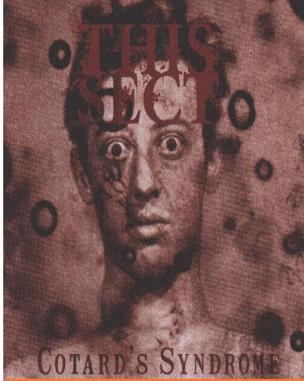




MONTHLY MENTAL HEALTH NEWSLETTER

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

In This Issue: Cotard's Syndrome



What is Cotard's Syndrome (aka Cotard's Delusion)?

Cotard's syndrome is a rare neuropsychiatric condition. The sufferers deny the existence of their own body. The core delusion may extend to including a belief in their own immortality.

Patients with Cotard's delusion often deny either their own existence or the presence of parts of their body. They may believe they are rotting and have already lost various internal organs. This syndrome is very rare, and there are only about 200 verified cases known currently worldwide.

What are the symptoms of Cotard's Syndrome

Delusions that one is dying, dead, or no longer exists

Severe depression or sadness (melancholia)

Insensitivity to pain

Withdrawal from social activities

Patients stop speaking

Refusal to eat (patients may believe there is no reason to do so because they are convinced they are dead or dying) which may result in nutritional deficiencies

Hearing voices that say the patient is dead or dying

Attempts to self-harm

Ideas of damnation or rejection

Cotard's Syndrome is a "delusional" disorder that can be associated with other psychotic disorders

It is sometimes referred to as "Walking Corpse Syndrome"

Cotard's syndrome comprises any one of a series of delusions that range from a belief that one has lost organs, blood, or body parts to insisting that one has lost one's soul or is dead.

Co-Occuring Diagnosis:

Cases of Cotard's Syndrome have been reported in patients with mood disorders, psychotic disorders, and other medical conditions.

Cotard's Delusion is also observed with some neurological health conditions, such as migraines, dementia, epilepsy and structural damage to various areas of the brain. These damaged areas may involve disconnections in the neural circuits involved in perception of self, in particular hypo-familiarity delusions, result from an inability to link perceptions of external or environmental stimuli with internally generated autobiographical memories.

Treatments for Cotard's Syndrome

Electro-Convulsive-Therapy and pharmacotherapy have demonstrated effectiveness in treating Cotard's syndrome.

One previous study demonstrated increased dopamine receptor binding in a patient presenting with Cotard's. The effectiveness of dopamine antagonists such as risperidone and quetiapine and selective serotonin reuptake inhibitors (SSRIs) such as citalopram have also demonstrated relief.

Studies also indicate the potential benefit of behavioral and psychotherapy in the treatment of Cotard's syndrome when used in conjunction with pharmacotherapy.

It should be noted that due to the overall rarity of this condition, there has not been a great deal of definitive research into the causes and best long-term treatments for this syndrome. More than likely, the patient's symptoms of Cotard's syndrome are treated by chance, while the other overt symptoms of overlying syndromes and diseases are being treated. This would include the treatment of schizophrenia, and other forms of psychosis or mood disorders.

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 to learn more about this and other important mental health topics.

Diagnostic Statistical Manual -V, American Psychiatric Association, Washington, DC. June 2013

https://www.emedicinehealth.com/what_are_the_symptoms_of_walking_corpse_syndrome/article_em.htm

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