



Case Report

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Fregoli Delusion: A Rare Subtype of Delusional Misidentification Syndromes (DMSs)

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ABSTRACT

As a rare subtype of delusional misidentification syndromes (DMSs), Fregoli Delusion involves the belief that two or more individuals are actually the same person disguised as another. In this case report, a 23-year-old male presents with Fregoli Delusion, self-inflicted harm, and a history of being kidnapped and abused. While the patient had abstained from alcohol and drugs for two years, neuroimaging revealed non-specific developmental anomalies, adding to the complexity of the clinical situation. Diagnoses and treatments are complicated by the coexistence of psychotic symptoms, mood dysregulation, and complex delusional constructs. A combination of antipsychotic medication and cognitive behavioural therapy is more effective in treating schizophrenic patients. It is important to closely monitor this patient due to their history of non-adherence to their treatment plan and drug abuse. As a result of this situation, trauma-focused care and personalized interventions are necessary, as well as additional research to enhance the treatment of Fregoli Delusions resulting from this situation.

Introduction

Delusional disorder is an illness characterized by one month or longer of delusions but no other psychotic symptoms, and apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired, according to DSM-5-TR. Most delusional disorder subtypes are erotomania, grandiose, jealous, persecutory, or somatic [1].

The Fregoli delusion is a rare subtype of delusional misidentification syndromes (DMSs) in which a person believes that various people are manifestations of a single individual who changes appearances or disguises themselves [2]. People with this delusion often experience impairments in social and occupational functioning as a result of it. It is important to note that the Fregoli delusion presents distinct diagnostic challenges and therapeutic considerations, particularly when it is present in conjunction with other mental health issues [3].

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As highlighted in the case report, Fregoli delusional disorder is a complex diagnosis with numerous treatment considerations. Additionally, the patient has a history of trauma and substance abuse. An assessment of a patient with delusional disorders must take into account a wide variety of differential diagnoses. Furthermore, it emphasizes the need for a comprehensive approach to treatment. To improve quality of life and address delusions, it is recommended that pharmacological interventions (e.g., antipsychotic medications) be used in conjunction with behavioural therapy [3, 4].

Case Presentation

The patient, a 23-year-old male, was referred to Razi Psychiatric Hospital following a physical assault and paranoid beliefs. A couple of years ago, he was kidnapped, abused physically and mentally, and self-inflicted injuries as a result. During his psychiatric history, he has been hospitalized for suicidal behaviour on more than one occasion, with the first admission occurring more than a decade ago. Pre-emptive beliefs were expressed by the patient that his kidnappers were disguised and following him with the intention of harming him. In addition, he exhibited delusions regarding the loyalty of his mother. Even though the patient had previously abused various substances, including alcohol, opium, cannabis, and amphetamines, he had been abstinent for more than two years. The presence of a mood disorder has not been detected at this time.

An imaging study revealed enlarged ventricles, which indicated non-specific developmental anomalies. The findings added complexity to the clinical presentation, suggesting possible neurobiological underpinnings, possibly compounded by past substance abuse and trauma.

Discussion

Delusional misidentification syndrome (DMS) is a group of disorders characterized by the inability to identify people, places, or objects. Fregoli Delusion is one of the more complex manifestations of DMS [2, 3].

Differential diagnoses are required to distinguish Fregoli Delusion from other forms of DMS. The differentials include Capgras Syndrome, intermetamorphosis, reduplicative paramnesia, and subjective double syndrome. It is important to note that, contrary to Capgras Syndrome, Fregoli

Delusion is characterized by the belief that multiple individuals are a single person in disguise or altered appearance. Moreover, these subtle but significant differences can be instrumental in developing customized treatment plans and in improving diagnostic accuracy [4, 5].

It is not uncommon for patients to have multiple DMSs at the same time, which complicates their diagnosis and emphasizes the importance of performing a comprehensive clinical examination. As in this case, the patient has persistently believed that disguised kidnappers are following him, which is consistent with the hallmark characteristics of Fregoli Delusion. However, it may also be associated with paranoia, which is also observed in other psychotic conditions. The recognition and differentiation of these overlaps is important for gaining a more complete understanding of the etiology of this disorder [5].

The trauma history of the patient, including kidnapping and abuse, is likely to be a significant contributing factor to delusional misidentification in this case. Symptoms of trauma, such as hypervigilance and mistrust, may lead to alterations in perception and cognition, resulting in an alteration of identity. Clinicians need to explore these psychological and neurobiological underpinnings to better understand the role trauma-informed care plays in the treatment of Fregoli Delusions.

The successful treatment of this case required an integrated approach. Antipsychotic medications (such as risperidone) were administered to the patient to treat his psychotic symptoms, and cognitive-behavioural therapy (CBT) and trauma-informed counselling were administered to treat the patient's delusions and trauma symptoms. Considering the patient's history of substance abuse and non-compliance with his medication, it is essential that he receive regular monitoring and follow-up in order to prevent a relapse. Treatment was administered by a multidisciplinary team that included psychological, social, and psychiatric interventions. Collaboration facilitates comprehensive care, which is essential for patients who present with complex presentations, such as delusions, trauma, or substance abuse. The diagnostic complexity of Fregoli delusion and its potential overlap with other forms of DMS necessitate a clinical evaluation. Additionally, a person who has suffered trauma may require special consideration to address the psychological factors underlying his or her delusional thinking, as demonstrated in this case. The importance of developing a deeper understanding of DMS epidemiology, etiology, and

treatment strategies, including Fregoli delusion, cannot be overstated.

A comprehensive examination of the coexistence of multiple subtypes of DMS should also be conducted to determine whether integrated treatment approaches can improve the quality of life and symptom remission for patients with DMS.

Conclusion

As a result of our experience, we have gained several important lessons, including the need to actively monitor medication compliance and relapses, and provide robust patient support systems to ensure compliance with treatment [2]. To achieve long-term success, it is necessary to address underlying factors, such as trauma, and provide patients with constructive coping mechanisms. Continuity of care and effective management of complex cases are assured through collaboration between multidisciplinary teams [3, 4]. In the future, it would be beneficial to investigate integrated interventions designed to improve quality of life, symptom remission, and relapse prevention, as well as increase awareness of overlaps with other delusional misidentification syndromes, to develop more personalized therapeutic approaches.

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Ethical Considerations

Ethical Standards Disclosure

This study was conducted according to the guidelines laid down in the Declaration and all procedures involving research study participants were approved by the ethics committee of University of Social Welfare and Rehabilitation Sciences approved the Study. (IR. SWRS.1403.267).

Written informed consent was obtained from the patient.

Data availability

The data that support the findings of this study

are available from the corresponding author upon reasonable request.

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Conflict of Interests

The authors declare no conflict of interest. The funders were not involved in the design, data collection, analysis, or interpretation methods, manuscript writing, or publication decision of the study.

Author Contributions

Author Farnaz Ghannadi conceived the study and wrote the initial draft and contributed to the interpretation of the data and provided critical revisions to the manuscript. Author Mohammadsaleh Talebinejad collected the data and performed the analysis. Author Morvarid Ahadi supervised the project and is the guarantor and taking overall responsibility for the work.

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