Author's response to reviews

Title: Clinical picture and treatment implication in a child with Capgras Syndrome: a case report

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Author's response to reviews:

Dear Editor,

We are grateful for your comments and for those of the reviewers. We feel that the manuscript has been strengthened considerably with the requested revisions and we hope that it is now suitable for publication.

Editor's comment:
Although the quality of English seems to be acceptable, it needs minor copy editing.

Reply: We have edited minor changes according to the editor’s suggestions.

Reviewer 1

Comments to authors:

If this report is to be published, much more information about the child’s delusion must be included.

Reply: According to the reviewer’s suggestion we have added more details regarding the child’s delusion.

In the “case presentation” section at page 4, the 3rd paragraph now reads: “Soon thereafter these symptoms worsened and the patient was therefore referred to our Emergency Service with a clinical picture characterized by auditory hallucinations and persecutory delusions towards her parents: more in details, she started to believe that after a short trip in which they were away, they had been replaced by impostors and that the “new” persons that replaced them were planning to poison and kill her during the night. Moreover, she showed a depressed mood with frequent sadness and crying, loss of energy and difficulties in sleeping and concentrating”.

1. When it is reported that the child believed that her parents had been replaced, what exactly did she say, and to whom, in what context?
Reply: She started to believe that her parents had been replaced by impostors after they went out for a short trip on a Sunday. When they came back she started to believe that they had been replaced and that those new people were planning to kill her.

We have specified this in the “case presentation” section at page 4. The paragraph now reads:

“…more in details, she started to believe that after a short trip in which they were away, they had been replaced by impostors and that the “new” persons that replaced them were planning to poison and kill her during the night. Moreover, she showed a depressed mood with frequent sadness and crying, loss of energy and difficulties in sleeping and concentrating.”

2. The bottom line of that page says “a reduction was observed in the positive symptoms”? What positive symptoms? What was the evidence that there had been any reduction of these? Are the authors here referring to the delusion?

Reply: As we describe in the section “case presentation”, the clinical picture was also characterized by auditory hallucinations, that here we refer to as “positive symptoms”.

The evidences of a reduction in these symptoms were confirmed by the positive and negative syndrome scales (PANSS) for schizophrenia, which showed a substantial reduction of the scores over time, as reported in table 1.

We have specified “a reduction was observed in the positive symptoms, including auditory hallucinations”.

3. On the next page, later in the same paragraph, the authors say that there was "a full remission of the clinically relevant psychotic state". Does that mean that the delusion was no longer present? How was that established? Was the child interviewed, what questions were asked, and what answers did the child give?

Far more detail is needed here. And the next sentence refers to there being later "a significant reduction in symptoms severity". A list of the symptoms being referred to here is essential.

Reply: Delusion symptoms were progressively reduced and as we report in the manuscript “at T2, after two months of combined treatment, a significant improvement in all the domains analysed was observed”. A full remission of the more relevant psychotic symptoms was assessed in the clinical setting and by direct interviews. In details, the patient started to recognize her parents and the monothematic delusion characterized by her belief that relatives had been replaced by impostors disappeared. Moreover, the positive and negative syndrome scales (PANSS) for schizophrenia also showed a progressive reduction of the scores over time: from 22 at admission to 19, 12 and 9 at T1, T2, and T3, respectively.

A more extensive description of symptoms has been added at the end of the “case presentation” section at page 5. The paragraph now reads:

“At T2, after two months of combined treatment, a significant improvement in all
the domains analysed was observed with a full remission of the clinically relevant psychotic symptoms, as assessed in the clinical setting and by direct interviews. Finally, a significant reduction of symptoms severity was detected also after six months (T3) of treatment with Risperidone and Sertraline. In details, the patient started to recognize her parents and the monothematic delusion characterized by her belief of relatives being replaced by impostors disappeared. Moreover, the positive and negative syndrome scales (PANSS) for schizophrenia also showed a progressive reduction of the scores over time: from 22 at admission to 19, 12 and 9 at T1, T2, and T3, respectively (see Table 1)."

Reviewer 2
Comments to authors:
The definition quoted in the Introduction is wrong, for the following reasons: If the patient himself or herself is replaced by someone else the resulting syndrome is the syndrome of subjective doubles (Christodoulou, GN, Syndrome of Subjective Doubles 135, 249-251, 1978).
The monothematic delusion usually concerns relatives but it is not restricted exclusively to the relatives.
Reply: We thank the reviewer for this comment. Indeed, it is correct: if the patient himself or herself is replaced by someone else the resulting syndrome is the syndrome of subjective doubles. Our definition was wrong, and therefore we have replaced that sentence in the 1st paragraph of the introduction section with the following:
"Capgras Syndrome [1] is a monothematic delusion characterized by the patient's belief that relatives have been replaced by impostors with a close resemblance to the originals [2]."

Course and Prognosis of the syndrome is dealt with extensively in a paper incorporated in the book The Delusional Misidentification Syndromes, editor GN Christodoulou, Karger, Basel, 1986 where other relevant papers may enrich your awareness of the syndrome varieties and peculiar expression. I would also suggest reading the review The Delusional Misidentification Syndromes, British Journal of Psychiatry 159 (suppl.14) 65-69, 1991.
Reply: We have read the papers suggested by the reviewer and we have added them in reference section. According to these papers we have also commented more in details the course and prognosis of Capgras Syndrome (see also the reply to the last comment).
Your paper is descriptive only. I would recommend broadening it with a brief discussion of the dynamics. What was the emotional relationship to the parents (since it was the parents who were the main misidentified persons).
Reply: At the time of admission the parents reported a sense of guilt and a depressive mood with unsupportive interactions with their child. In the following visit they revealed an emotional feeling characterized by a difficulty in caring for
their child, frustration, and also anger toward the child herself. However, in the clinical setting, they were collaborative with clinicians. According to the reviewer’s comment, we have added in the “case presentation” section a new paragraph that reads: “At the time of admission, the patient’s parents reported a sense of guilt and a depressive mood with unsupportive interactions with their child. In the following visit they revealed an emotional feeling characterized by a difficulty in caring for their child, frustration, and also anger toward the child herself. Nevertheless, their social skills in interaction and communication were within the normal range [13].

Was the delusion later extended to also include other persons, or inanimate objects? Was the delusion associated with reduplicative paramnesia (since the two conditions often co-exist)?

Reply: In this patient the delusion was not extended to any other person or inanimate object, and delusion was not associated with paramnesia.

We have added these details in the “case presentation” section at page 4 in a new sentence that reads:

“In this patient delusion was not extended to any other person or inanimate object, and was not associated with reduplicative paramnesia either.”

The clinical evaluation of the patient and the response to an antidepressant suggests the involvement of depression in the pathogenesis of the syndrome. In one of my publications I have reported that the cases in which the syndrome appears in a depressive setting have a better prognosis (because the syndrome follows the course of depression and is not so deeply rooted as is the case when the syndrome occurs in a paranoid setting). I hope that these comments are helpful.

Reply: As suggested by the reviewer we have added the references by Christodoulou GN entitled “Course and prognosis of the syndrome of doubles” published on the Journal of Nerv Ment Dis. (1978), showing that the cases in which the syndrome appears in a depressive setting have a better prognosis. As in the case of our patient, the reduction observed in the psychotic symptoms correlated with the course of depressive symptoms. In line with this observation we have commented about the “course and prognosis of the syndrome of doubles” and we have related it with the clinical history of our patient.

We have added this point in the 1st paragraph of the discussion section that now reads: “Only few single cases reported in the literature, in particular during adulthood, have contributed to define the clinical picture of this disorder that, in cases in which the syndrome appears in a depressive setting, has been associated to a better prognosis”.

Reviewer 3
Comments to authors:

This paper reports on a new case of a rare syndrome. Capgras syndrome is even rarer in childhood. The authors report on the remission of a Capgras syndrome in
a 11-year old girl obtained with a treatment combining antipsychotic and antidepressant.

I have few suggestions for improvement:

1) The authors wrote that only few case reports have been described in males during childhood and, to their knowledge, none in child females. However a case of Capgras syndrome in a 12-year old girl has been reported (Chabrol H, & Bonnet D. (1995). Le syndrome de Capgras à l'adolescence: une revue à propos d'un cas. Encéphale, 21, 477-480.)

Reply: We thank the reviewer for this comment and in line with this, we have added the reference above in the text and we have discussed it in the introduction section as follows: “However, only few case reports have been described in males during childhood [2,6] and, to our knowledge, only one case in a 12-years-old girl, who had been hospitalized for attacks of abdominal pain [7]”

2) The authors might further discuss the diagnosis. What is the hypothesized diagnosis: Schizophrenic disorder or psychotic depression? Was there a family history of psychotic or depressive disorders?

Reply: The hypothesized diagnosis was psychotic depression. In light of this diagnosis we can also explain the improvement that we observe in the psychotic symptoms upon treatment with SSRIs.

According to the reviewer’s suggestion, we have added the diagnosis in the manuscript in the last paragraph of the “Introduction section”, that now reads:

“In the present report, we describe the clinical picture and therapeutic approach in a 11-year old girl diagnosed with Capgras syndrome showing psychotic depression.”

Best regards,
Luigi Mazzone