COTARD'S SYNDROME: A REPORT FROM INDIA

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ABSTRACT

We report a case of Cotard's Syndrome in 65-year-old patient who manifested depression, schizophrenia, and psycho-organic syndrome, and held a delusional belief of self being dead. The patient was initially treated with anti-depressants like Escitalopram, Sertraline along with anti-anxiety medications like Clonazepam, Lorazepam. She was added with Venlafaxine and Clonazepam which resolved in a significant remission. Our present report is very important due to the rarity of this syndrome and lack of clinical history. Early diagnosis and prompt treatment will increase better remedial outcome in this type of cases.

Key words: Aging, Death, Delusions, Depression.

INTRODUCTION

Cotard's syndrome was first described in 1882 by Jules Cotard, a French Psychiatrist[1]. The Syndrome consists of an intense sensation of death and disintegration of organs and body parts[2]. The present case is on an elderly widow with recurrent depressive disorder with an suicide attempt. The symptom became highly occurring after the death of her husband. Report on this syndrome is very rare from South-East Asia. One case of 37-year-old female patient who developed psychotic depression after a stressor (a possibility of having a malignancy). As her depression worsened, she developed delusional belief of self with her family members being metamorphosed to subhuman species[3]. Another rare case report, an adolescent boy (7 years) demonstrate the development a recurrent depression associated with Cotard's delusion following complex partial seizure[4].

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CASE HISTORY

Mrs. D. was a 65-year elderly widow, housewife hailing from low socioeconomic status. She was brought (August, 2011) by her family member to the emergency and then to psychiatry outpatient department, Midnapore Medical College & Hospital, West Bengal, India, for a suicide attempt in background of severe depression. She used to be the primary caregiver of her diabetic husband, whose death aggravated her symptoms.

Earlier she had three such episodes of depression and she was treated with anti-depressants like Escitalopram, Sertraline, Mirtazapine, along with anxiolytics like Clonazepam, Lorazepam and reported partial improvement in three months. Her recent depressive episode started just after the death of her husband. She was treated with Mirtazapine 15 mg and Lorazepam 2 mg at bedtime, without much improvement. She began to talk irrelevantly, decreased appetite, self care, and socialization and finally started to believe that she was already dead and should be cremated[5]. After two weeks of her husband's death, Mrs. D was found with overdosed drug and in unconscious state. She was rushed and admitted to an emergency department of a medical college where she regained consciousness by the next day. When asked about her suicidal attempt, she responded that she was already dead from inside and had chosen to die completely then be placed in the morgue. So, finally she could be with the dead people. In this way, she could overcome to bear the sufferings of her wretched life. Major Depressive Disorder, recurrent, severe with psychotic features (nihilistic delusion i.e. Cotard's Syndrome) was diagnosed as per guideline of Diagnostic and Statistical Manual IVth Edition[6].

Her investigations results including liver function test, renal function test, thyroid function test, electrocardiogram with computerized tomography scan of brain were within normal limits. Medication regimen was introduced with cap Venlafaxine with 225 mg; and dose of

Mirtazapine was augmented from 15 mg to 30 mg. She was also prescribed Tab. Clonazepam 4 mg and Tab. Risperidon 2mg. Over the next four weeks patient achieved a significant remission as her delusion resolved. At this point, psychotherapy and psycho-education were started. On following check-up, the patient had regained weight and hence on remission, Mirtazapine was tappered down and stopped. She was continued on cap. Venlafaxine, 225 mg and Tab. Clonazepam 2 mg. After three months of follow-up and being assured patient's remission, the dose of Clonazepam was tapered off and gradually stopped.

DISCUSSION

The syndrome is a very rare one and the global data on it are scanty[7]. Till now in published literature it has been more commonly reported to occur in late middle life, with 90% of these being females[8]. The clinical feature of Cotard's syndrome varies in terms of the extent and number of nihilistic delusions. This syndrome may be associated with organic disorder such as Alzheimer's disease, with particularly dysfunction of the non-dominant cerebral hemisphere, right fronto-temporal lesions and temporal lobe epilepsy. The limbic system is suggested to play a role as the delusional symptoms develop[9]. The paradox of nihilism becomes more pronounced when these patients at one time protesting that they did not exist, start claiming to be all pervading over the earth (The manic Cotard's Syndrome)[10]. Management of this syndrome essentially lies in treating the underlying etiology. ECT thereby remains the treatment of choice. Suicidal risk needs to be addressed without any delay. Complete recovery may occur; recovery may be rapid or gradual in mild cases. In chronic cases the delusional state of negation usually waxes and wanes.

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