

Favorable Response to Low Dose of Quetiapine in a Woman with Cannabis Abuse and Erotomania

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ABSTRACT:

FAVORABLE RESPONSE TO LOW DOSE OF QUETIAPINE IN A WOMAN WITH CANNABIS ABUSE AND EROTOMANIA

Erotomania, or the "de Clerebault's Syndrome" is an uncommon condition characterized by the presence of one or more non-bizarre delusion of being loved at a distance and the relative absence of associated psychopathology. Typically, patients are unaware of the psychiatric nature of the condition. Although the prevalence is low, delusional disorder is not rare. Generally these cases respond to antipsychotics, especially to pimozide. In this paper, a 42 year-old woman with erotomania and cannabis abuse who responded to low-dose of quetiapine (150 mgs per day) is reported.

Key Words: erotomania, de Clerebault's syndrome, delusional disorders, pimozide, cannabis abuse, quetiapine

Bull Clin Psychopharmacol 2002;12:89-91

INTRODUCTION

Delusional disorder, the contemporary conceptualization of paranoia, is an uncommon condition characterized by the presence of one or more non-bizarre delusions and the relative absence of associated psychopathology. The delusions concern experiences that can conceivably occur in real life, such as being followed, having a disease, being loved at a distance, having an unfaithful sexual partner, and possessing inflated worth, power, identity, or knowledge. The diagnosis requires at least 1 month's duration of the delusion, impact on functioning that is consistent with the delusion or its ramifications, generally normal appearance and behavior, and the exclusion of schizophrenia, mood disorder, substance-induced toxicity, and medical disease. Typically, patients are unaware of the psychiatric nature of the condition. Although the prevalence is low, delusional disorder is not rare. Age at onset is usually middle or late adulthood, and the course is variable. Comorbidity most frequently with mood disorders may exist. Successful management is difficult and may include hospitalization, pharmacotherapy, and certain forms of psychotherapy. Some of them improve with antipsychotics and some do not, indicating a spectrum of severity and

heterogeneity both in terms of etiology, taxonomy and treatment (1). "de Clerebault's Syndrome", or the erotomaniac type delusional disorder is one of the most commonly reported form of delusional disorder, either alone or in combination with jealous type.

CASE REPORT

Her friends and her husband referred a 42 years old woman Mrs. K, who got married with Mr. C two weeks ago, to psychiatric evaluation and she was with a good educational background and has upper socioeconomic status, she has been living together with his husband before marriage for four years. She was attracted to her husband's best friend and business-mate Mr. L since years and she also thought that he was also in love with her although there was no sign of this "hidden love". Mr. L had also got married five months ago. Mrs. K, her husband and the other couple were all cannabis abusers smoking frequently altogether. Two days before her admission, she had decided to declare her and Mr. L's "hidden" love and did this in front of the horrified eyes of her husband, Mr. L and his wife. Thanks to the understanding and intellectual levels of the persons involved she was brought her to a psychiatrist instead of experiencing a family catastrophe.

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Kabul tarihi / Acceptation date: 15.03.2002

In her past story, her father has left home when she was about 3 years old and her grandmother took care of her. She frequently daydreamed of being altogether again for years. This was reflected to her future life as preferring older and wise men for dating. After graduating from a Turkish university, she went to London for a year to improve her English. She then returned to Turkey and began working as a flying hostess, she met Mr. C in one of domestic flights and they fell in love each other. When she met Mr. L, best friend and business partner of Mr. C, she began to love him also and by time, she was sure that he also loved her both did not express anything because of his respect to his best friend.

In the initial psychiatric evaluation, she did not have any insight for her erotomania but she agreed with others that the situation was not acceptable. After the initiation of pimozide 2 mgs per day, she gained intellectual insight in a week and true insight in a month's time. Insight-oriented psychotherapeutic approach was effective also but after abrupt discontinuation of the drug by her own will after three months, she became dysphoric and the delusion recurred. She said "Everything, even the death of Lady Diana is related with this hidden love. We were invited to a wedding ceremony, and I felt like it was my and L's wedding". She had intellectual insight: "Of course these are irrational, but that is what I feel". The main reason for her incompliance was the extrapyramidal and sexual side effects of pimozide. Quetiapine 50 mgs in the morning, 100 mgs at night cleared all the symptoms in two weeks time, the following depression responded to addition of venlafaxine XR 75 mgs per day without worsening of the delusion. She is in complete remission since one year and venlafaxine was discontinued after six months.

DISCUSSION

Meloy hypothesizes that erotomania, occurs in two forms: 1) The clinically accepted delusional erotomania, in which patients believe that another person is in love with them, 2) Borderline erotomania, in which no delusion is present, yet an extreme disorder of attachment is apparent in the pursuit of, and in the potential for violence toward, the unrequited love object (2). Some erotomanic patients can display the phenomena of triangulation, where rage toward the rejecting object is displaced onto a third party, which is then perceived as impeding access to the victim and may be at risk for violent assault (3). Erotomania can be primary or secondary to another mental disorder such as schizophrenia, mood disorders (especially mania), personality disorders (4,5). While de Clerambault's name has been linked to erotic delusions, he attempted to describe "pure" erotomania as a paradigm of a broader group of delusions. His own cases and a large number in the English and

French literature seem to indicate that severe mood disorder, most likely bipolar affective disorder, is responsible for a portion of the erotomanic delusions. The concept of "les psychoses passionnelles" in the context of French psychiatry is well known (6). In a study the age at the onset of delusion ranged from 15 to 45 years with a median age of 23 years and the majority of the patients suffered from secondary erotomania. Bipolar affective disorder represents the most common diagnosis associated with this delusion, followed by schizoaffective disorders. The occurrence of intrafamilial cases is unusual and most love objects are of the opposite gender. Only in one instance, was erotomania found in a lesbian context. Teachers and medical doctors are at increased risk for attracting individuals prone to erotomania (7). Some of them may stalk, threaten, or even harass hospital staff after discharge (8,9) although this kind of behavior is more likely to occur among the persecutory type patients and non-psychotic persons (10). The presence of multiple objects and a history of serious antisocial behavior unrelated to the erotomanic delusions are useful predictors of dangerous behavior in men with erotomania (11). Some cases include a particular group of erotomanics who exhibit stalking and violent behavior often go unrecognized and the threat to the peace and safety of the objects of their affections is not always given proper attention. The clinical importance of this sub-group of stalkers is high, as is their relevance in the legislative, and judicial, responses to stalking (12). In our case, the unexpected declaration of the patient can be regarded as a variety of "verbal stalking" or "challenge" with regard to its potentially hazardous and risky outcome.

Erotomania can be observed in schizophrenic patients and, depending on the cultural factors, the proportion may vary. For example, it has been reported that the relatively common occurrence of erotomanic symptoms in Chinese schizophrenic patients (9.4%) may be related to the indirect manner of expressing sexual interest in Chinese culture and, thus, is an example of the cultural molding of psychiatric symptoms (13). Misidentification syndromes like Capgras' and Fregoli's and pseudocyesis occasionally represent with erotomania (14,15). Mentally retarded and handicapped people are quite prone to developing erotomania (16), and although erotomania is generally classified with paranoid disorders, depression may be the more commonly associated illness in these patients (17). Cannabis abuse may contribute to psychotic states, but this patient's longstanding "hidden love" was present before her smoking cannabis and she is still abusing it. So, the diagnosis is hard to be considered or to be related with substance abuse by itself. Treatment of these cases carries some special difficulties and disadvantages. Because of the mono-delusional characteristic of the symptomatology,

it is not easy to pursue them for taking drugs; therefore, electroconvulsive therapy is tried in some cases, especially with co-occurring affective disorder (18). If possible, antipsychotics are the mainstay of the treatment. Although many of them are reported to be effective up to various degrees, pimozide is the drug with best reputation in mono-delusions of any kind (19). In our case, the course and duration of the erotomanic delusion, the delusional misinterpretations

of the reality with a partial insight, the absence of schizophrenia or a primary mood disorder according to DSM-IV (20), the "reactive" postpsychotic depression, and the initial favorable response to pimozide were all typical for the diagnosis of erotomanic type delusional disorder. To our knowledge, this is the only case of erotomania responsive to treatment with low dose of (150 mgs per day) quetiapine.

References:

- Manschreck TC. Delusional disorder: the recognition and management of paranoia. *J Clin Psychiatry* 1996;57 Suppl 3:32-38; discussion 49.
- Meloy JR. Unrequited love and the wish to kill. Diagnosis and treatment of borderline erotomania. *Bull Menninger Clin* 1989;53:477-492.
- Meloy JR. Erotomania, triangulation, and homicide. *J Forensic Sci* 1999;44:421-424.
- Gillett T, Eminson SR, Hassanyeh F. Primary and secondary erotomania: clinical characteristics and follow-up. *Acta Psychiatr Scand* 1990;82:65-69.
- Rudden M, Sweeney J, Frances A. Diagnosis and clinical course of erotomanic and other delusional patients. *Am J Psychiatry* 1990;147:625-628.
- Signer SF. "Les psychoses passionnelles" reconsidered: a review of de Clerambault's cases and syndrome with respect to mood disorders. *J Psychiatry Neurosci* 1991;16:81-90.
- Kasantikul D. Erotomania in Thai patients: a study of 20 cases. *J Med Assoc Thai* 1998;81:852-857.
- Sandberg DA, McNeil DE, Binder RL. Characteristics of psychiatric inpatients who stalk, threaten, or harass hospital staff after discharge. *Am J Psychiatry* 1998;155:1102-1105.
- Harmon RB, Rosner R, Owens H. Obsessional harassment and erotomania in a criminal court population. *J Forensic Sci* 1995;40:188-196.
- Kienlen KK, Birmingham DL, Solberg KB, O'Regan JT, Meloy JR. A comparative study of psychotic and nonpsychotic stalking. *J Am Acad Psychiatry Law* 1997;25:317-334.
- Menzies RP, Fedoroff JP, Green CM, Isaacson K. Prediction of dangerous behaviour in male erotomania. *Br J Psychiatry* 1995;166:529-536.
- Mullen PE, Pathe M. Stalking and the pathologies of love. *Aust N Z J Psychiatry* 1994;28:469-477.
- Phillips MR, West CL, Wang R. Erotomanic symptoms in 42 Chinese schizophrenic patients. *Br J Psychiatry* 1996;169:501-508.
- Silva JA, Leong GB, Ferrari MM. Co-existence of misidentification, pseudocyesis and erotomanic delusions. *Can J Psychiatry* 1994;39:126.
- Stip E, Lecomte T, Bruno J. Capgras syndrome and erotomanic type delusional disorder. *Aust N Z J Psychiatry* 1996;30:299. Comment on: *Aust N Z J Psychiatry* 1995;29:63-68.
- Bhaumik S, Collacott RA. Erotomanic delusions in a male with a mental handicap. *J Intellect Disabil Res* 1993;37:319-323.
- Ghaziuddin M, Tsai L. Depression-dependent erotomanic delusions in a mentally handicapped woman. *Br J Psychiatry* 1991;158:127-129.
- Remington GJ, Jeffries JJ. Erotomanic delusions and electroconvulsive therapy: a case series. *J Clin Psychiatry* 1994;55:306-308.
- McGuire BE, Akuffo E, Choon GL. Somatic sexual hallucinations and erotomanic delusions in a mentally handicapped woman. *J Intellect Disabil Res* 1994;38:79-83.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders 4th Edition – DSM-IV. American Psychiatric Association, 1994.