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Capgras syndrome conceptualization: from a delusional disorder to a structural neurological phenomenon

M. M. Marques*, L. Lopes, I. Grenha, J. Reis, F. Araujo and T. Novo

Psychiatry, Unidade Local de Saúde Alto Minho, Viana do Castelo, Portugal
*Corresponding author.
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Introduction: The Capgras syndrome, also known as the delusion of doubles, is a delusional misidentification syndrome, defined in 1923 by Joseph Capgras, who referred to it as "*l'illusion des sosies*", which means "the illusion of look-alikes". In this syndrome, people falsely believe that someone significant to them has been replaced by an identical-looking impostor.
Objectives: To review the evolution of the conceptualization of Capgras syndrome and its relationship with neurological disorders, such as dementia.
Methods: Non-systematic review of the literature with selection of scientific articles published in the last 10 years, using *PUBMED* as database and the following keywords: «Capgras syndrome» and «dementia». 11 studies were included.
Results: Originally, Capgras syndrome was seen exclusively as a psychiatric disorder: a delusional disorder, which can be associated to schizophrenia, bipolar or schizoaffective disorder. Since 1980, when organic brain lesions were identified in patients with Capgras syndrome, it started to be understood as a neuropsychiatric disorder. Previous studies revealed that in Capgras syndrome there is damage in the bifrontal, temporal cortex and the limbic system, structures that are involved in emotional arousal to familiar faces. In fact, Capgras Syndrome can be experienced in neurological conditions, including Alzheimer's disease, dementia with Lewy body, Parkinson's disease, epilepsy, cerebrovascular disease, subarachnoid hemorrhage, pituitary tumors and head injury. A 2014's study showed that 73% of Capgras syndrome cases had comorbid diagnosis of schizophrenia, 26,4% had dementia and 16,7% had mood disorders. The prevalence of Capgras syndrome in neurodegenerative disorders is well known, and it is higher in dementia with Lewy body than in Alzheimer's disease and frontotemporal dementia. In patients without a neurodegenerative disease, Capgras syndrome typically occurs at a younger age and is associated with psychiatric disease, cerebrovascular events, or illicit drug use. To date, it is unclear whether there are differences between Capgras syndrome as it occurs in neurodegenerative compared with non-neurodegenerative diseases.
Conclusions: Currently, it is believed that Capgras syndrome can be associated not only with psychiatric diseases (a delusional syndrome, when belief evaluation is affected) but also with neurological diseases, such as neurodegenerative disorders. Therefore, when addressing a Capgras syndrome it is necessary to rule out these neurological conditions. Also, correct early identification of the Capgras syndrome in dementia cases will improve the clinical management, outcome and quality of life of patients and caregivers.

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Cariprazine treatment in patients with psychosis related to Parkinson's Disease: a case report.

M. Martín De Argila Lorente*, G. Ruiz Manrique De Lara and M. González Guembe

Hospital Dr. Rodríguez Lafora, Madrid, Spain
*Corresponding author.
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Introduction: Because of their mechanism of action, treatments used in Parkinson's disease can lead to the development of non-motor symptoms, including neuropsychiatric manifestations such as psychotic symptoms and mood disturbances such as depression. Cariprazine is a new atypical antipsychotic, D3 receptor antagonist, with lower affinity for the 5HT2A receptor and higher affinity for alpha 1B adrenergic receptors than any other antipsychotic, which has been shown in preclinical studies that play an important role in ameliorating levodopa-induced psychotic symptoms in patients with Parkinson's disease.
Objectives: A case of a patient with psychosis related to Parkinson's Disease and depressive symptoms is presented followed by a theoretical review on the topic.
Methods: A case is presented with a bibliographic review.
Results: A 66-year-old male was hospitalized in the psychiatric unit of short hospitalization with psychotic symptomatology and presence of depressive symptoms.
The patient presented in his medical history two previous hospitalizations with depressive clinic with psychotic symptomatology in 2018 and February 2022, the last one after been diagnosed with Parkinson's disease in January 2022. The introduction of Parkinson's Disease treatment with levodopa/benserazide caused a secondary worsening of his psychotic symptomatology. In addition to this, the patient was being treated with quetiapine, desvenlafaxine and clonazepam.
During the hospitalization, the dose of desvenlafaxine was increased and quetiapine treatment was replaced by cariprazine because of no clear improvement in symptomatology. After 24 hours, the patient showed a clear clinical improvement: better mood, delirious ideas decreased as well as the hearing of voices. No adverse events related with this medication were observed. After 20 days of hospitalization, the patient was discharged with favorable evolution.
Conclusions: Although most of the studies available so far propose quetiapine as the antipsychotic treatment of choice for levodopa-induced psychosis in patients with Parkinson's disease, the case report presented strengthens the recent data described in the literature on cariprazine in the treatment of psychosis related to Parkinson's Disease. However, additional long-term studies including a larger number of patients with long-term follow-up will be necessary to confirm the efficacy of this drug in this type of patients with this pathology.

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