Auditory Delusional Misidentification: A Case of Capgras Syndrome During the COVID-19 Pandemic

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Aims. Capgras syndrome is the most common of the delusional misidentification syndromes. It is characterised by the delusional belief that a familiar person has been replaced by an identical imposter. Capgras syndrome is associated with functional conditions, like psychosis, but also with a range of organic conditions such as dementia, brain injury and Parkinson's disease.

The COVID-19 pandemic created a unique situation where patients were unable to see their relatives in person, resulting in their only form of contact being via telephone or virtually.
Methods. We present a case of a 70 year old lady Mrs W, who was admitted with first episode psychosis. She developed Capgras syndrome during her admission, based purely in the auditory modality of talking to her husband on the telephone. She was firm in her conviction that he was an imposter, mainly based of 'a different tone' and using 'different words'. Showing a photograph of her husband was met with full and appropriate recognition. Given that a significant minority of elderly patients with a Capgras delusion have an organic aetiology, neuroimaging and extended laboratory investigations, including auto-antibodies for limbic encephalitis, were performed which were unremarkable.

With psychotropic medication, the Capgras delusion resolved, and on discharge she recognised her husband when they met again.
Results. The aetiology of Capgras syndrome remains unclear, although a range of causes have been suggested. Early psychodynamic theories related to conflict between love and hate towards the relative, which could be relevant in functional conditions but may have less significance in organic conditions.

Other theories examine Capgras syndrome as a mirror of prosopagnosia, where people have difficulties recognising familiar faces. This would indicate a pathological process affecting visual pathways. However, our case challenges this theory, suggesting that deficits in other sensory modality pathways may also contribute.

Although rare, our case is not entirely unique; several cases of Capgras syndrome in people with blindness have been reported. However, our case differs in that our patient was able to recognise photos of her husband despite misidentification based on auditory cues. As Mrs W did not have visual impairment, it is unclear if she would have presented with the more classical visual misidentification in the absence of the unique circumstances of the COVID-19 pandemic.
Conclusion. Capgras syndrome is classically associated with misidentification based on visual cues, however a growing number of case reports challenge this. Further investigation is required to create theories that encompass other sensory modalities.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Case Report of Prescribing in Attention Deficit Hyperactivity Disorder With Glycogen Storage Disease Type 1A

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Aims. Attention Deficit Hyperactivity Disorder (ADHD), is a neurodevelopmental condition affecting both children and adults, with a global prevalence estimated to be around 5% in children and 2.5% in adults, significantly impacting daily functioning, academic performance, and interpersonal relationships.

Glycogen Storage Disease Type 1A (GSD1A) is a rare metabolic disorder that occurs in approximately 1 in 100,000 births. It is characterized by accumulation of excessive glycogen and fat in the liver and kidneys that can result in growth retardation.

The aim is to increase knowledge of pharmacological management of ADHD in patients with GSD1A.
Methods. Our patient is a 16-year-old boy with both diagnoses of GSD1A and ADHD.

GSD1A is treated with a special diet of frequent small servings of carbohydrates which must be maintained day and night throughout life, given via PEG tube.

ADHD symptoms cause functional impairment and affecting his school attainment requiring treatment. However, stimulant medication, such as methylphenidate, which are first- and second-line treatments, can cause appetite suppression that would increase the risk of fatal hypoglycaemia in GSD1A.

The literature review of case reviews with similar presentations, aiming to confirm the absence of contraindications for prescribing methylphenidate in patients with GSD1A, showed no identified contraindications, and relevant papers were not found.

Collaboration with the metabolic disorders team at Great Ormond Street Hospital was established to verify the absence of contraindications and facilitate potential adjustments to feeds if necessary.

Short-acting methylphenidate was administered to mitigate appetite suppression and enable prompt reversal of potential side effects, owing to its brief half-life. This approach also aimed to facilitate regular dietary intake.

Gradual bi-weekly dosage increments of 5mg, coupled with vigilant side-effect monitoring, lead to enhanced attention and concentration, ultimately contributing to improved school attainment.
Results. Trial of short acting methylphenidate to ensure limited appetite suppression and allow opportunities for regular dietary intake. Slow dose titrations and weekly monitoring for response and side effects is vital. This young man's ADHD was successfully and safely treated.
Conclusion. This case shows that with careful liaison and planning, methylphenidate can be safely prescribed to patients with GSD1A. Our experiences show that using short-acting preparations of methylphenidate initially allows slow and careful titrations.

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