EROTOMANIA TREATED WITH RISPERIDONE

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SUMMARY – A female patient showed a clinical picture of a pure, primary form of erotomania, i.e. de Clérambault syndrome. The condition had been developing for ten years before the first treatment attempt, which was unsuccessful until psychotherapy was combined with the antipsychotic risperidone at a maintenance dose of 4 mg a day. In addition to risperidone, the antidepressant fluoxetine was used at a dose of 20 mg a day. The patient was treated in both inpatient and outpatient settings. After six months of treatment her mental condition improved significantly.

Key words: *Delusions – diagnosis; Delusions – psychology; Paranoid – disorders; Psychotic disorders; Affective disorders; Sex disorders – history; Cognitive disorders – psychology*

Introduction

The authors were motivated to present this case by the patient's positive therapeutic response to risperidone. Erotomania is also known as the *"psychose passionelle"*, *"amor insanus"*, or de Clérambault syndrome named after Gaetan Gatian de Clérambault, who first described it in 1921 and 1942[1,2]. It is a paranoid state that is chronic in course and sometimes occurs independently as a pure case or primary form, or as a secondary case or form when the condition is part of a generalized psychotic process, most often paranoid schizophrenia, paranoia (delusional disorders), or bipolar affective disorder. Most frequently, the patients are women who have delusions that a man, who is socially more prominent, is in love with them. Forensic patients are mostly men. The objects of delusions (i.e. victims) are in most cases the patient's superiors, health care providers, psychiatrists, famous persons, military officers, politicians, actors, etc. Spontaneous remission is possible, but the condition usually requires treatment[3].

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Case Report

V. M., a 36-year-old female clerk, married, without children, lives with her husband and her parents. There are no medical records of mental disorders in her family history. She is a second child, born five years after her brother, and her childhood development was normal. She successfully completed secondary commercial school, and is working as a clerk at municipal administration. According to her memories, she was a hyperactive and stubborn child, always in the center of attention. During her adolescence she was seductive, often in love with somebody, but she had never brought the emotional relationship to realization. She married her husband in 1991. Her husband is working for a public service corporation as an unskilled worker. In eleven years of their marriage, they have never had sexual intercourse. Nevertheless, she considered her marriage satisfactory. In the year 2000, their relationship changed and got worse due to her problems at work, when she became anxious, insecure, and felt incompetent for the job. The tension between her and her colleagues was rising. She was often depressed. In such circumstances the affection for her superior, who showed understanding for her problems, arose. She started to give him attention and to "return" his feelings (writing him letters, calling his home phone number, staring at him, following him,

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standing in front of his house…). Since he did not respond to her "signs", she tried to verbalize her feelings, but he rejected her at the very beginning. She did not accept his refusal finding various excuses for his behavior and trying to attract his attention. Therefore, she had deliberately made a mistake while balancing annual account and showed a large material loss, and because of that her superior was replaced. She then fell in love with the new superior. During that period she visited a psychologist due to her anxiety, tension, confusion and depression; she attributed this condition to her unfulfilled idealized love. Psychotherapeutic treatment lasted for a year. The psychologist recommended psychiatric treatment for several times, but she refused it. The case culminated when she arranged the desk in the superior's office for breakfast for two. The superior called the police and the ambulance. It was only then that her husband and her parents became aware of her behavior and her feelings toward the superior.

During inpatient treatment, she was apparently calm and inhibited in social contacts. She was noticeably neat and polite. Her thinking process, which was formally in order, was interrupted by paranoid interpretations of reality and occurrences caused by her incident. She avoided talking about the problems at her workplace. She complained of feeling guilty and anxious, but anxiety was not observed. Complete somatic examination (laboratory tests, EEG, cranium CT scan) findings were within the normal limits.

Gynecological findings *(virgo intacta)* showed the absence of sexual relationship between the patient and her husband. According to her explanation, her husband tacitly approved this way of living and accepted her explanation that she was not ready for sexual intercourse. Psychological examination revealed that her cognitive functioning was within the average range, consistent with her age and education, and pointed to the existence of paranoid disorder with projection as a dominant defense mechanism. She was treated with the atypical antipsychotic risperidone at an initial dose of 6 mg a day and a maintenance dose of 4 mg a day. In addition, she was administered the antidepressant fluoxetine 20 mg a day. During six months of both inpatient and outpatient treatment her mood improved noticeably: she was friendlier, communicating with other people outside her family, being more realistic about her feelings of love, and less occupied with thoughts of her superior and his life. Gradually, she managed to comprehend that her "love" was one-sided, as only she was in love, and to accept that he had never been in love with her. Her relationship with her husband improved and they managed to have sexual contact. They are planning to have children.

At the beginning of treatment, her Positive and Negative Syndrome Scale (PANSS) assessment was: Positive symptoms (P) 23, Negative symptoms (N) 32, General psychopathology (G) 48, Total PANSS score 103.

After six months of treatment her assessment improved: Positive symptoms (P) 6, Negative symptoms (N) 10, General psychopathology (G) 15, Total PANSS score 58. The Clinical Global Impression (CGI) severity was: Severely ill [6] at the beginning of treatment, and Borderline mentally ill [2] at the end of treatment. CGI improvement at the end of treatment: Much improved [2].

Discussion

The female patient described meets the classic description of the syndrome of erotomania. An unnoticeable woman, not particularly attractive, in her late thirties, with histrionic personality features during adolescence and with not very interesting job, withdrawn, socially and sexually inhibited, without sexual contacts (not even with her husband), fell in love with a well-known and prominent person. For her love object she chose a "secret lover", a person completely different from her, older and powerful. She exhibited the so-called "paradoxical conduct", the delusional phenomenon of interpreting all denials of love as secret affirmations of love, no matter how clear the denials were[3]. These delusional phenomena were noticed by de Clérambault while he was studying the general psychobiological mechanisms of the source of hallucinations and delusions in psychotic persons. He also noticed false recognitions, feelings of intimacy, disturbances in attention and thinking, and he considered them the psychological automatisms, delusions, or illusions that are the consequences of basic neurological changes[2]. As it was in other cases, in the female patient presented there was no neurological substrate of illness found on standard examination[4]. There was a typical delusion of erotomania, a projective transformation of ambivalent proposition; the proposition "I do not love him - I love her" is transformed through projection to "He loves me - and so I love him". In this context Berrios discusses in his article the nature of relationship between positive and negative symptoms[5]. Singer states that de Clérambault

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considered erotomania and erotic delusions a serious mood disorder that is similar to bipolar affective disorder[6]. Hollender and Callahan think that it is important to mark the syndrome with an eponym in order to emphasize its frequency in different disorders that should be considered differentially[7]. The female patient in the case described developed a pure case of erotomanic paranoid delusion with multiple objects of love. Besides being a pure case, erotomanic delusions may be a key symptom in delusional disorder, schizophrenia, mood disorders, depression, histrionic personality disorder, psychoorganic disorders[8], and misidentification syndromes[9]. Meloy describes nondelusional erotomania in borderline personality disorder[10], and Berry and Haden describe it in a mother and her daughter[11]. There is no mention of erotomania in DSM-III; the condition was termed atypical psychosis. DSM-III-R reinstituted the condition as a subtype of delusional (paranoid) disorder, similar to the original Kraepelin's formulation[12,13]. The term can also be found in ICD-10 and DSM-IV™[1]. There is a relation between the delusion of pseudocyesis and de Clérambault syndrome; through the loss and restitution both disorders, erotomania and pseudocyesis, become a variant of mourning[14]. The course of the disorder may be chronic, recurrent as in the patient presented, or brief, which is more frequent in adolescents; in such a case there is no ego defect, as it would be in a developed psychosis[7]. Social and forensic implications of erotomania are today of high interest because of all sorts of celebrity stalkers or obsessed fans who are not only annoying but may also be dangerous[15]. When there is no response from the love object, the person with erotomania may become aggressive. Aggression may also occur when such a person wants to defend the love object from some imagined danger. Therefore, the initial contact between the patient and the psychiatrist is often made after the police intervention, as it was in the case presented. Leong reports on five persons arrested for their criminal behavior related to delusions of erotomania[16]. Although men are less commonly affected with the condition than women, they predominate in forensic populations because they may be more aggressive or violent in their pursuit of love[8]. The object of aggression may not be the loved individual but companions or protectors of the love object who are viewed as trying to come between the lovers. Menzies *et al.* analyzed 16 cases of erotomania in men with previous records for their antisocial conduct, and concluded the existence of multiple objects of pursuit to be important and valuable information when predicting dangerous behavior in men with erotomania[8]. Our patient directed her emotions toward two persons, i.e. toward her two superiors during her history of illness. Spitzer *et al.*, Kok *et al.* and el Assra have described several cases of erotomania that involved physicians, and they recommend caution and making accurate notes and telephone logs, so the physicians can defend themselves adequately in court if they have to[4,17,18]. Jealousy is also an important factor in risk assessment of possible aggression and violence. It is also recommended to investigate if there are records of stalking or abuse[19]. Our patient did not attack her objects physically, but she managed to ruin the first superior financially, and to cause his replacement. It is very important to conduct the interview with the patient tactfully and to make careful assessments in order to make a treatment plan. Separation from the love object may be the only satisfactory means of intervention[12]. The combination of psychotherapy and pharmacotherapy is most effective. Most patients can be treated effectively in outpatient settings. Hospitalization may be necessary when there is a potentially dangerous behavior, when the patient shows signs of poor impulse control, excessive motor and psychic tension, unremitting anger, brooding, threats of self-harm, or suicidal tendencies. If a strategy of voluntary hospitalization fails, legal means must be undertaken to commit the patient to the hospital[3]. As in other delusional disorders, psychopharmacological drugs can be used[20,21]. Kaplan *et al.* describe a 29-year-old man treated with pimozide[3], whereas Cocchi *et al.* report on a patient with de Clérambault syndrome who was treated with the anxiolytic drug chlordesmethyldiazepam at a dose of 2-4 mg/day for seven years; the drug showed an anti-erotic effect[22]. In our case, the female patient was treated with the atypical antipsychotic risperidone, which corresponds to clinical guidelines[20]. Significant improvement (70%/103-31) was also evident in the PANSS scale.

Conclusion

The patient presented suffered from the syndrome of erotomania. The syndrome of erotomania is a delusional disorder in which patients have delusions that another person, usually more prominent or of a higher status, is in love with them. The course of illness may be chronic, recurrent or brief. The interview with the patient has to be conducted tactfully. In the assessment of potentially dangerous patients it is recommended to investigate if there are previous records of antisocial

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conduct, stalking, abuse, jealousy, violence, aggression, or the existence of multiple objects of pursuit. Separation from the love object may be the only satisfactory means of intervention. The combination of psychotherapy and pharmacotherapy is most effective. We used the antipsychotic risperidone (4 mg a day) and antidepressant fluoxetine (20 mg a day). After six months of treatment, the patient's mental condition improved significantly.

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Sažetak

EROTOMANIJA LIJEČENA RISPERIDONOM

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Opisuje se bolesnica koja je pokazivala kliničku sliku čistog primarnog oblika erotomanije odnosno de Clérambaultova sindroma. Bolest se razvijala desetak godina prije prvog pokušaja psihoterapijskog liječenja koje nije bilo uspješno sve do kombiniranog liječenja antipsihotikom risperidonom u konačnoj dozi održavanja od 4 mg/dan. Uz to je primijenjen i antidepresiv fluoksetin u dozi od 20 mg/dan. Nakon šestomjesečnog bolničkog i ambulantnog liječenja postignulo se značajno poboljšanje psihičkog stanja bolesnice.

Ključne riječi: *Obmane – dijagnostika; Obmane – psihologija; Paranoidni poremećaji; Psihotični poremećaji; Afektivni poremećaji; Seksualni poremećaji – anamneza; Spoznajni poremećaji – psihologija*

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