

# Erotomania in Depressive Psychosis: Mood Incongruent Delusion in a Depressive Young Woman

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## ABSTRACT

Erotomania is a delusional phenomenon in which patient believes that some celebrity is in love with her. It is associated with various psychiatric illnesses. We herein present a report of a young woman with erotomaniac delusion diagnosed with recurrent depression, current episode being severe with psychotic features. A 22-year woman, previously treated for a depressive episode three years ago, was brought by the mother for evaluation. The woman presented with symptoms of depression for the past six months along with the delusion that famous singer SY is in love with her for the past two months. This has resulted in a gross decline in social and academic functioning. Psychometrics revealed Beck's depression inventory (BDI) score of 36 and brief psychiatric rating scale (BPRS) score of 41. A diagnosis of recurrent depression with current severe episode with psychotic features, was made at our psychiatric facility. This case report highlights that psychotic depression can present with a rare mood incongruent delusion of erotomaniac content and accurate diagnosis and management require adequate knowledge about this phenomenon.

**Key Words:** *Erotomania, Depressive psychosis, Mood incongruent delusion.*

## INTRODUCTION

Erotomania is defined as the condition in which the patient believes that some celebrity or person of higher status is in love with her/him. This symptom occurs in a variety of psychiatric disorders including schizophrenia, affective disorders and persistent delusional disorder.<sup>1-3</sup> Though, the basis of this delusion remains the same, *i.e.* pathological love, but its manifestations may differ with the variation in time and culture. Therefore, erotomaniac presentation of 18<sup>th</sup> Century was different from that of today's era of social media.<sup>2,4</sup>

Usually, this phenomenon has primarily been seen in females during the course of their psychiatric illnesses but males and homosexuals have also been reporting this symptom.<sup>2</sup> Many factors have been linked with the development of erotomaniac symptoms including the psychodynamic factors, low socio-economic status, distorted self-image and the organic pathologies.<sup>2</sup>

We, herein, present a case of depressive psychosis in a young woman who was suffering from her second depressive episode and lately developed the delusion that famous singer SY is in love with her.

## CASE REPORT

A 22-year single female, resident of Attock, was brought by her mother for the psychiatric assessment and treatment. She had been stating that famous singer SY is in love with her resulting in severe decline in social and academic functioning. She was admitted in the psychiatric unit for detailed evaluation and management. The main clinical features included low mood, crying spells, hopelessness, anhedonia, easy fatigability and loss of appetite and sleep for the past 6 months along with the delusion that famous singer SY has been in love with her for the past two months. She remains preoccupied in watching his pictures on mobile phone and claims he has distressful marital life because he loves her and wants to marry her. She sends messages to the singer's female fans on Facebook to stop liking his pictures because he loves her only. She stated that the only reason she is struggling to complete her studies is that SY is unable to marry her with her current educational profile. Once she becomes highly qualified, he will marry her as he is just waiting for completion of her education. She had disturbed life at home and college due to her condition. Head injury or illicit substance use was ruled out by detailed history-taking.

She was diagnosed as a case of depressive episode three years ago, after completion of her matriculation. She was treated on outdoor basis privately by a consultant psychiatrist at Attock, but she could not continue consultations after two visits due to financial constraints. She was put on escitalopram 20mg and clonazepam 0.5 mg, but she was not compliant and left the medication by her own after three months due to improvement in her symptoms. She remained well for two and a half years till this episode occurred, which led her to seek consultation at our facility.

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She started her schooling at the age of five at a government school. She achieved all the milestones at appropriate age without any physical or psychiatric problem. No significant psychosocial stressor or childhood abuse was reported. However, her father has been bed-ridden for the past two years with frontotemporal dementia and her mother has also been suffering from depression and cluster B traits. Her father married twice and the patient's mother was the second wife. The parental conflicts are reportedly aggravated by the teasing attitude of the mother as she even at the age of 42 years, indulges in romantic relationship with various friends and taunts her husband by talking to them in front of him. The patient had menarche at the age of 14 years and her menstrual cycle is normal. She has orgasms after masturbation stating that she feels the touch of her lover at genital area.

Mental state examination revealed a young lady neatly dressed with appropriate makeup and jewelry. She had frown lines on the forehead and dark circles around her eyes. Eye contact and rapport were established with ease. Mood was subjectively and objectively low. A delusion of love, *i.e.* erotomana, was present which was not shakable even on challenging the belief. There were no auditory or visual hallucinations, but she stated that she could feel that her lover is touching her genitalia many times a day, sometimes culminating in a feeling of orgasmic pleasure. There was no evidence of any memory deficit; and insight was partial as she could apprehend the depressive symptoms as part of illness and wanted the symptom to be treated, but her erotomaniac delusion was unshakable and she failed to regard that as an abnormal phenomenon.

Multiple differential diagnoses were made according to her presentation. Depressive episodes with the psychotic features, schizophrenia and delusional disorder were most relevant. Schizophrenia was ruled out as she was completely well without the medications for three years between the two episodes; and affective symptoms preceded the psychotic features. Delusional disorder was also excluded as the psychotic phenomenon was clearly secondary in temporal association to the affective illness; and depressive features were marked enough to affect negatively on her functioning.

Bio-psycho-social model was applied to carry out the relevant investigations. Blood complete picture (CP), liver function tests (LFTs), renal function tests (RFTs), random blood sugar (BSR) and thyroid stimulating hormone (TSH) were within normal range. Luteinizing hormone (LH), follicle stimulating hormone (FSH) and CT-scan brain were also unremarkable. Therefore, organic conditions were ruled out. Her general and systemic physical examination was unremarkable. Projective techniques and validated psychometric tools were used as part of the psychological assessment.

Self-administered questionnaires were completed by her inside the hospital. Her BDI score was 36 and BPRS score was 41. Validated Urdu versions were used. House-tree-person (HTP) test was applied for the personality assessment. Findings were of low self-esteem, emotional instability, excessive use of fantasy and feeling restricted by environmental forces. Presence of depressive symptoms and cluster B traits in the personality were revealed on the projective technique. Interviews from the parents, siblings and friends were carried out for the social assessment.

After the detailed history, mental state examination and the results of psychometrics, she was advised antidepressant and antipsychotic medications. Serial mental state examinations were conducted by different members of the psychiatric team to confirm her diagnosis. Her depressive and psychotic symptoms, both improved in the two weeks' time. She was still stating that the famous singer loves her but this belief was quite shakable now. Her social and academic functioning also started to improve gradually.

The final diagnosis was recurrent depressive disorder, current episode being severe with psychotic features. The family was made partner in care and they were provided detailed informational care, after taking the consent of patient. Bio-psycho-social treatment was planned to be continued as per the Maudsley prescribing guidelines. She was started with fluoxetine 20mg, and olanzapine 5mg. She had marked improvement after three weeks of treatment.

## DISCUSSION

Patients having erotomaniac symptoms are usually diagnosed with persistent delusional disorder. Rarely, this phenomenon has been reported by the patients suffering from mood disorders.<sup>5</sup> This case had an ethical issue as well. Medications were prescribed by the psychologist who was not authorised to do so. The family did not initially attribute her symptoms to a psychiatric, instead believing that either she has gone mad or else has increased sexual drive due to her bad character. These beliefs of the family were not surprising taking into consideration the socio-cultural norms of our country. All these factors made this case a significant therapeutic challenge.

Delusional features have been part of affective disorders in both depression and mania, but erotomana has been a rare phenomenon.<sup>2</sup> This patient had no psychotic episode or organic illness prior to this delusion regarding being loved by a famous singer. She had cluster B traits, but never to an extent to cause social and academic impairment and give her label of personality disorder. Currently, the symptoms with which she presented, mentioned in the previous section, enabled us to make the diagnosis of depressive psychosis along with the infrequent delusion of erotomania.

There has been a case report in the recent past in which patient had depression followed by erotomanic delusion; but in that case, the patient was suffering from epilepsy as well.<sup>1</sup> Another case was reported in Hungary in 2005. The patient was male and depressive symptoms accompanying erotomania led to the suicide attempt despite adequate medication.<sup>5</sup>

Clinical criteria set by ICD-11 were used to make the diagnosis in this patient; and severity of the depressive episode and presence of psychotic features were assessed by the reliable and validated psychometrics. The presence of a mood incongruent delusion in cases of severe depression is unexpected, but this should not be an indication to reject the primary diagnosis of depression. Socio-cultural problems and views of the family regarding illness posed a significant challenge for the psychiatric team. Use of bio-psycho-social model for comprehensive assessment, and forming a therapeutic

alliance with the patient and the family were the key in achieving this goal.

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