

## PSYCHOLOGICAL INTERVENTIONS FOR COTARD'S SYNDROME: A CASE STUDY

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### ABSTRACT

We report a case of a male patient who was possibly exhibiting Cotard's syndrome symptoms. The patient presented himself at a refugee camp in Greece and sought psychological and psychiatric support for his condition. The patient reported odd nihilistic delusions, depressive, anxiety and psychotic symptoms. He was diagnosed with psychosis and was initially treated with antipsychotics, antidepressants and mood stabilizers. Cognitive Behavioral Therapy (CBT) was the main psychological/psychotherapeutic intervention used to help alleviate anxiety and depressive symptoms. Self-help techniques were also introduced to the patient in order to improve anxiety symptoms. Results suggested only minor improvement in anxiety and moderate improvement in depressive symptoms through the use of CBT and self-help techniques.

**Keywords:** Cotard's syndrome, psychosis, cognitive behavioral therapy, self-help techniques.

### I. INTRODUCTION

Cotard's delusion or alternatively Cotard's syndrome, is thought to be a rare psychiatric condition, affecting around 0.5% to 0.6% of geriatric patients while the prevalence among the general population appears to be much lower. [2] Patients usually show extreme nihilistic delusions such as believing they are dead or rotting; some believe that they have lost some body parts and/or their blood. [1] [6] Patients exhibit denial of self-existence while a slim majority presents odd beliefs of immortality. Depressive and anxiety symptomatology are almost always present and psychotic symptoms such as auditory hallucinations are very common. [5]

Today, the condition is not formally diagnosed anymore and most patients receive a diagnosis of psychosis. This reality makes it increasingly difficult for most mental health practitioners to identify the syndrome. Treatment options include antipsychotics, antidepressants and in some cases electroconvulsive therapy (ECT) is an option. [3] [4] [7] Talk therapies such as CBT or psychodynamic therapies might help improve depressive mood and anxiety, especially if they are combined with psychiatric medication. CBT in particular has not been extensively researched in relation to Cotard's syndrome, while self-help techniques such as deep breathing exercises for managing anxiety have shown to be somewhat helpful with some cases.

### II. METHODOLOGY

We report a possible case of Cotard's syndrome and literature review.

### III. RESULTS AND DISCUSSION

Mr. A.S, 43 years old, with a long history of psychiatric hospitalizations in his home country has presented himself at a refugee camp in Greece and sought psychological and psychiatric assistance for his condition. The patient reported nihilistic delusions such as believing he did not have blood running through his veins and that he was immortal or that it was impossible for him to die. Most persistent symptoms included severe anxiety and chronic depression while he also reported various auditory hallucinations. The patient's history suggested that he was hospitalized 3 times in his home country in various psychiatric clinics and for considerable amounts of time. The first psychiatric hospitalization occurred when the patient was 37 years old for about six months, mostly due to severe depression. Gradually the patient started developing nihilistic delusions and auditory hallucinations which led to subsequent psychiatric hospitalizations.

Upon initial psychological assessment at the refugee camp the patient was referred for psychiatric assessment and was subsequently diagnosed with psychosis (ICD-10, F29), while the attending psychiatrist reported suspecting Cotard's syndrome. Initial pharmacological treatment included antipsychotics, antidepressants and mood stabilizers. Nihilistic delusions and auditory hallucinations improved slightly after 2 weeks of psychiatric treatment. Severe depressive and anxiety symptoms improved within 4 weeks of psychiatric treatment and the patient soon after started attending sessions with a psychologist. During the psychological sessions, CBT was primarily used in order to help the patient manage his anxiety and depression. In total, 9 sessions were conducted with the attending psychologist (**Table 1**) and psychological interventions lasted around 2 months.

The aim of the presentation of this case study is to examine the efficacy of CBT and self-help techniques in relation to a possible Cotard's syndrome case. CBT has not been widely studied in relation to this condition but past research suggests that this intervention can help with anxiety and depressive symptoms. During the first month of CBT sessions, self-help techniques such as deep breathing exercises and relaxations techniques were introduced. Initially, only minor improvement of anxiety and depressive symptoms was reported by the patient and by week 6 further improvement of depressive symptoms was reported. This improvement lasted until the end of the psychological/psychotherapeutic interventions.

During the whole period of psychological interventions, the patient continued receiving psychiatric medication and the combination of pharmacological with psychological treatment helped the patient to control at least partially some of his symptoms. While nihilistic delusions slightly improved with psychiatric medication, these remained active until the end of the psychological interventions and the subsequent transfer of the patient to a specialized mental health facility in Greece.

**Table 1.** Sessions with the psychologist

Session Number	Psychological Intervention	Patient self-report
1	CBT	Minor improvement of anxiety symptoms. No improvement of depressive symptoms
2	CBT	Minor improvement of anxiety symptoms. No improvement of depressive symptoms
3	CBT/Self-help techniques	Minor improvement of anxiety and depressive symptoms.
4	CBT/Self-help techniques	Minor improvement of anxiety and depressive symptoms.
5	CBT/Self-help techniques	No further improvement of symptoms.
6	CBT/Self-help techniques	Minor improvement of anxiety and moderate improvement of depressive symptoms.
7	CBT/Self-help techniques	Minor improvement of anxiety and moderate improvement of depressive symptoms.
8	CBT/Self-help techniques	Minor improvement of anxiety and moderate improvement of depressive symptoms.
9	CBT/Self-help techniques	Minor improvement of anxiety and moderate improvement of depressive symptoms.

#### IV. CONCLUSION

Cotard's syndrome is a challenge for mental health practitioners. While only a small number of confirmed cases have been extensively studied, some evidence exist, which show that a combination of psychiatric and psychological interventions could potentially provide some alleviation from symptoms. More particularly, when it comes to psychological/psychotherapeutic interventions, Cognitive Behavioral Therapy has been successful in treating depressive and anxiety symptoms, however in relation to Cotard's syndrome only limited data show minor to moderate improvement of these symptoms. Self-help techniques such as deep breathing exercises and relaxation techniques may also be used to provide some relief from anxiety but data remain limited on their efficacy.

## V. REFERENCES

- [1] Berrios, G. E., & Luque, R. (1995). Cotard's delusion or syndrome?: a conceptual history. *Comprehensive psychiatry*, 36(3), 218–223. [https://doi.org/10.1016/0010-440x\(95\)90085-a](https://doi.org/10.1016/0010-440x(95)90085-a)
- [2] Berrios, G. E., & Luque, R. (1995). Cotard's syndrome: analysis of 100 cases. *Acta psychiatrica Scandinavica*, 91(3), 185–188. <https://doi.org/10.1111/j.1600-0447.1995.tb09764.x>
- [3] Grover, S., Aneja, J., Mahajan, S., & Varma, S. (2014). Cotard's syndrome: Two case reports and a brief review of literature. *Journal of neurosciences in rural practice*, 5(Suppl 1), S59–S62. <https://doi.org/10.4103/0976-3147.145206>
- [4] McKay, R., & Cipolotti, L. (2007). Attributional style in a case of Cotard delusion. *Consciousness and cognition*, 16(2), 349–359. <https://doi.org/10.1016/j.concog.2006.06.001>
- [5] Mendhekar, D. N., & Gupta, N. (2005). Recurrent postictal depression with Cotard delusion. *Indian journal of pediatrics*, 72(6), 529–531. <https://doi.org/10.1007/BF02724434>
- [6] Pearn, J., & Gardner-Thorpe, C. (2002). Jules Cotard (1840-1889): his life and the unique syndrome which bears his name. *Neurology*, 58(9), 1400–1403. <https://doi.org/10.1212/wnl.58.9.1400>
- [7] Swamy, N.C. Kudlur, Sanju, George, & Mathew Jaimon, M.S.. (2007). An overview of the neurological correlates of Cotard syndrome. *The European Journal of Psychiatry*, 21(2), 99-116