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Familial delusional disorder linked with dyslexia

SIR: We wish to report an interesting case of a woman presenting with a 15-year history of jealous delusions. The family history reveals a remarkably high prevalence of similar symptoms in first-degree relatives which appear to be linked with dyslexic symptoms of varying degree.

Case Report: The 40-year-old woman lives with her second husband and two teenage sons from her first marriage. She presented with a parasuicidal act in response to what she saw as conclusive evidence of her husband's behaviour. This, she believed, included him having regular sexual intercourse with her two children and him drugging her coffee so as not to be disturbed. The evidence she has is that her husband and sons often looked tired in the morning, and that they stopped talking and appeared to blush when she entered the room. She admitted that her evidence was weak, but it convinced her fully.

Thorough investigations revealed that these beliefs are of delusional intensity. Previous contact with the psychiatric services was discontinued by her as soon as she was confronted with a diagnosis, and no therapeutic intervention was made.

The family history reveals astonishingly similar beliefs to be held by two out of three of the patient's siblings and her paternal uncle and his son. All these family members showed (unfounded) concern that their spouses or friends were having homosexual affairs on a regular basis. Investigations, litigations, and divorces were common consequences. With the exception of the uncle and cousin, on whom we do not have enough information, all those affected by delusional jealousy seem to suffer from a form of dyslexia as well, with varying degrees of difficulties in spelling, reading or writing. The patient's sons are affected by this.

The patient presented as a warm, intelligent and capable woman, who showed no sign of suspiciousness in the rapport she established with us. We diagnosed a reactive depression occurring in response to delusional beliefs. The depressive symptoms lifted as soon as she had made up her mind to leave the family. There was no evidence of any other pathological perception, but her jealous beliefs were unshakable. Her cognition was unaffected.

As far as we are aware, this is the only reported family presenting with a combination of dyslexia and delusional disorder. Formal testing and evaluation of the severity of both syndromes, as well as cytogenetic analysis, are pending. De Fries *et al* (1978) suggested that reading disabilities have a significant genetic aetiology. Zahalkova *et al* (1972) concluded that dyslexia exhibits autosomal dominant inheritance with reduced penetrance. Smith *et al* (1983) assigned a gene for specific reading disabilities to chromosome 15.

Kendler *et al* (1985) concluded that delusional disorders and schizophrenia were two separate disorders with different familial factors apparent. They suggested an increase of schizotypal personality disorders in the first-degree relatives of patients with schizophrenia, but not with delusional disorder. Also, an increase of paranoid personality disorders in the first-degree relatives of patients was found with delusional disorder but not with schizophrenia.

This might be a family with a unique combination of delusional disorders and dyslexia from which we can explore the genetic factors involved in more detail.

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Capgras' syndrome in association with lithium toxicity

SIR: I read with interest Canagasabey & Katona's report (*Journal*, December 1991, **159**, 879–881) of a case of Capgras' syndrome which they attribute to lithium toxicity. The causal role of lithium toxicity is in doubt, however, because the lithium concentration was only marginally outside the therapeutic range at 1.12 mmol/l, and because another psychotropic agent, the monoamine oxidase inhibitor tranylcypromine, was administered and withdrawn in parallel with lithium. Monoamine oxidase inhibitors have not so far been associated with misidentification syndromes as such, but they are known to cause a variety of mental state disturbances (Reynolds, 1982); florid paranoid psychosis secondary to another monoamine oxidase inhibitor, phenelzine, has been reported (Sheehy & Maxmen, 1978).

A similar case, with evidence of a more specific association between lithium toxicity and misidentification phenomena, has recently been reported (Potts, 1992), supporting Drs Canagasabey & Katona's incrimination of lithium in their patient, but it remains true that the symptoms they report could equally well be attributed to tranylcypromine. The lesson to be learnt is that unusual new behavioural and psychological symptoms, particularly in the elderly, can be caused by any drug, especially psychotropics; in cases of uncertainty a first step should be to review all the medication a patient is taking, stopping drugs wherever possible.

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SIR: The case reported by Canagasabey & Katona (*Journal*, December 1991, **159**, 879–881) is interesting, but we would argue that the conclusions drawn from it are open to debate.

A list of organic causes of Capgras' syndrome is provided. Conspicuously absent are the numerous reports of delusional misidentification syndromes related to epilepsy and coarse brain disease (Lewis, 1987; Drake, 1987). Although this patient displayed no localising signs of organic disease, the occurrence of delirium in a 74-year-old person with diabetes and hypertension must suggest the possibility of a cerebrovascular insult, epilepsy, or other intracranial pathology. We feel that a computerised tomography scan and an electroencephalogram would have been valuable additional investigations in this case.

We would argue that, on the evidence presented, lithium toxicity is not proven and other pathologies have not been adequately excluded. The association of Capgras' syndrome and lithium toxicity is not established in this case.

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CORRIGENDA

Journal, December 1991, **159**, 885–886. Post-partum psychoses and breast feeding in developing countries. The first author's name should read Jayashree Ramasethu.

Journal, February 1992, **160**(suppl. 15), 28. Line 48 should read "through activation of 5-HT_4 receptors (Lefebre *et al*, 1992)".

Journal, March 1992, **160**, 423. Soft neurological dysfunction and gender in schizophrenia. In the third paragraph, the first sentence should read: "A group of 71 patients with schizophrenic disorder (43 males and 28 females) . . .".

A HUNDRED YEARS AGO

The following interesting case is given as illustrating the peculiar propensities of some patients. A female, aged forty, was admitted on June 23rd in a weak and emaciated physical condition, labouring under active melancholia, and with a fractured arm caused by her having thrown herself from the second flat of a tenement house. Great vigilance had to be exercised owing to her suicidal tendencies. Everything went on as satisfactorily as could have been expected until July 27th, when she was seized with great vomiting and pain in the epigastric region. Without entering on full medical details it may be briefly stated that, from the aforesaid date till the second week of October, the patient passed no fewer than 125 pins and sewing needles, with, in addition, many darning needles and hair pins; also a pair of spectacles in pieces and a crochet needle. Although she had lost much flesh, at the end of October recuperative power set in and she was slowly and gradually recovering both in body and mind, when an attack of pneumonia supervened, and she died on Dec. 13th.

Reference

Lancet, 5 March 1892, 551.

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