Delusional Jealousy in the context of Parkinson's disease: A case report.

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INTRODUCTION

The understanding of Parkinson's disease has traditionally been focused on its motor manifestations (bradykinesia, tremor, rigidity and gait alterations). However, in recent years, increasing attention has been paid to non-motor symptoms such as cognitive decline, dementia and psychiatric symptoms. Among the most prevalent symptoms we find depression, anxiety, psychotic symptoms and impulse-control disorders (1). In the course of this work we will focus on psychotic symptomatology with a prevalence of up to a 26% (2) of the cases, of which visual hallucinations represent 14% and deliriums 11.6%. It has also been established that the appearance of these symptoms is associated to the prescription of certain drugs as well as the time since onset, increasing considerably as the disease progresses (3). Delusional jealousy or Othello syndrome is a monosymptomatic delusion characterised by the belief of infidelity by someone's partner. It has been observed that this syndrome is one of the most prevalent subtypes of delusions in the context of PD (1), and may amount to almost half of the cases in some of the existing published case-series.

CASE REPORT

A 71-year-old man is admitted into the emergency department referred by his GP due to delusional jealousy. The patient, born in Morocco, moved to Spain in the 80s. He currently lives with his wife and youngest son, but has 7 children. Over the course of 3 years the patient has maintained the belief that his wife has been unfaithful to him with a neighbour 25 years younger than her. Per his account, they frequently talk on the phone and his wife lets him enter the house to have intercourse. In the last month he has begun to doubt that his daughters are not the result of these infidelities, even asking them for a paternity test. Her daughters report that since the couple returned from a trip to Mecca in the summer the behavioural repercussions have been greater, with significant verbal aggressiveness and fear that a physical assault to their mother could take place.

The patient was diagnosed with Parkinson's Disease in 2007 and has been in treatment with ropirinoles (since 2014), rasagiline (2014) and levodopa / carbidopa (2009). Psychopathological findings include the presence of the aforementioned delusion which conditioned a dysphoric mood and ideas of both verbal and physical aggressiveness towards his wife. For this reason an involuntary admission in the psychiatric unit of a general hospital was done. A secondary psychosis' screening protocol was done not being able to find other causes. The patient did not present with symptoms of cognitive decline and his MMSE was 28/30. The case was coordinated with the hospital's neurology department and the gradual elimination of ropirinoles and the introduction of quetiapine up to a dose of 225 mg / day was agreed upon. Two weeks after his admission, the patient began criticising the delusional ideas and the aggressive behaviour towards his wife disappeared. After discharge the patient was followed at the outpatient clinic, several consultations were made where the family and the patient reported that the symptoms were progressively giving way.

DISCUSSION

The identification of psychotic symptoms, particularly delusional jealousy in the context of PD, seems to be difficult for several reasons. Firstly, on an epistemological level, our understanding of this disease is centred on motor manifestations, obscuring in this way the identification of non-motor symptoms and thus, their correct treatment. However, since 2007, we can find an experts' consensus on unified criteria for the diagnosis of psychosis in PD (4). Secondly on a cultural level, the content of this type of delusion can occupy a controversial social locus subject to discredit, as is the case of jealousy. Even though relationships and the underlying gender mandates have changed considerably in the past decades, it is difficult to establish an intergenerational and cross-cultural parameter which can be used to determine which kind of jealousy belongs to the order of which could be labeled as 'normal'. Thirdly, it should be noted that within the available literature there is a clear predominance of delusional jealousy in males, what is more, some authors express the possibility of underdiagnosis (5). Particularly our patient's case it is highly likely that his culture of origin could have determined the extent to which it took so long to seek medical guidance regarding his condition.

The association between the appearance of this symptomatology and non-ergot dopamine agonists (ropirinoles, pramipexole, rotigotine) is striking, since almost all published cases of delusional jealousy in the context of PD occur in the context of treatment with these drugs (5). With regard to the management of psychotic symptoms in PD (6), recommendations indicate that it is necessary to simplify the treatment course, eliminating, if possible, the aforementioned drugs alongside the administration of antipsychotic medication. The drug of choice which in turn is the only one supported by randomized clinical trials is clozapine, which in Spain is the only one that has this indication in the technical data sheet; However, given the need for frequent analytical controls due to the side effects of this drug, not all patients are suitable candidates for this treatment, with quetiapine being the alternative. In the USA, another newly commercialized drug, pimavanserin (Reverse agonist and antagonist of serotonin receptor 5HT_{2A} and C) is available.

CONCLUSIONS

Psychotic symptoms in the context of PD are more prevalent than what was thought a few years ago. Certain medications, particularly non-ergot dopamine agonists could contribute to the onset of these symptoms. Some manifestations of PD can be underdiagnosed due to the stigma or social burden that it implies for the family and/or caregivers. It is important that the developments in our understanding of non-motor symptoms of PD could permeate daily clinical practice for an adequate identification and treatment of this condition.

SOURCES

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