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Fregoli Case Report

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Abstract

- Condition: Fregoli syndrome
- Patient: 28 year old male
- Characterized as a rare delusional disorder that involves a Belief that different individuals are the same person in disguise
- This case study highlights clinical complexities, emphasizes personalized treatment approach
- Treatment approach includes integrating psychopathological, neurocognitive, and psychosocial perspectives

Introduction

- Fregoli Syndrome is a rare delusional disorder in the psychotic spectrum named after Italian actor Leopoldo Fregoli
- Existing reports focus on clinical aspects and standard treatments, leaving gaps in understanding complexity and tailored interventions
- This case report contributes comprehensive analysis of a young adult male with Fregoli syndrome and emphasizes interplay of psychopathology, neurocognition, and psychosocial factors
- This report highlights a holistic approach, including differential diagnosis and psychosocial dynamics and aims to improve diagnostic considerations and personalized treatment strategies for better patient outcomes

Case Presentation

- Mr. D is a 30 years old, unmarried, unemployed male
- Presented with a six-month history of escalating paranoia and delusions, believes strangers are disguised as ex-girlfriend
- Medical and Psychiatric Background:
 - Managed migraines and allergic rhinitis with over-the-counter medications
 - History of major depressive episode in adolescence, discontinued SSRIs
- Social and Family Context:
 - Lives alone with limited social support, strained relationship with parents
 - Family history of psychiatric illness (mother with schizophrenia, uncle with depression)
- Diagnosis and Treatment:
 - Diagnosed with Fregoli syndrome, comorbid mild depressive symptoms, and social anxiety disorder
 - Treatment includes low-dose antipsychotic, cognitive-behavioral therapy (CBT), and supportive psychotherapy
- Outcome:
 - Gradual improvement observed with therapy, encouraged to continue treatment and follow-up appointments

Discussion

- Pharmacological treatment is focused on managing psychotic symptoms and comorbidities with second-generation antipsychotics like risperidone and olanzapine
 - However, variable efficacy necessitates personalized treatment approaches
- CBT is crucial for challenging delusional beliefs and enhancing coping strategies
- Holistic management includes psychosocial rehabilitation, supportive care, and ongoing monitoring
 - This addresses underlying psychosocial stressors for long-term recovery