Godot Syndrome in an Elderly Patient with Pseudodementia

Yung-Lang Tsai, M.D.¹, Shih-Jen Tsai, M.D.²,³, Jeng-Ping Hwang, M.D.²,³, Mu-En Liu, M.D.⁴

Objective: Godot syndrome is categorized as a variant of anxiety and a psychological symptom of dementia. We present a case of Godot syndrome in an elderly patient with pseudo-dementia. The patient’s Godot syndrome and dementia-like symptoms were improved progressively after receiving treatment with an antidepressant. Case report: A 70-year-old widow presented with Godot syndrome and dementia-like symptoms after her husband’s death. She became extremely dependent on others and caused a severe burden for her caregiver. Her symptoms started to subside after three months of medication treatment and she recovered her normal functioning to the premorbid level. Conclusion: If the first appearance of Godot syndrome and memory complaints occur in a patient’s late life, pseudodementia should be included in the differential diagnosis. The use of an adequate course of an antidepressant treatment is included in the initial work up for any patient who is suspected to have dementia. The timely diagnosis and the right treatment fully improved the patient’s symptoms.

Key words: Godot syndrome, pseudo-dementia, elderly

(Taiwanese Journal of Psychiatry [Taipei] 2010;24:78-80)

Introduction

Godot syndrome [1] is a phenomenon in which a person has anxiety toward an upcoming event and repeatedly asks about it. This syndrome is categorized as a variant of anxiety and a psychological symptom of dementia [2]. The anxiety symptom in demented patients is considered as resulting from decreased cognitive (specifically memory) abilities, the inability to channel remaining thinking capacities productively [2], and a manifestation of stress in predisposed patients who are aware of their cognitive decline [3]. Godot syndrome is relatively rare (1.6% - 4.6%) in Alzheimer’s disease [4]. But it can become so persistent as to cause a major burden for the patient’s family and caregivers.
Godot syndrome in non-dementia patients has never been reported. Herein, we present a case of Godot syndrome in a patient with pseudo-dementia [5], a syndrome of reversible intellectual impairment secondary to elderly depression, which was the main reason for seeking medical help.

Case Report

Mrs. A was a 70-year-old widow who graduated from a senior high school. She had diabetes which had been controlled with an oral medication for many years. She did not have any past psychiatric history of mood, anxiety disorder or the consumption of alcohol, and benzodiazepam agents. She developed the symptoms of depressed mood and insomnia initially after her husband’s death. In the following half year, her symptoms were worsened and she developed a severe anxiety, memory impairment, delusions of being stolen, and poor self-care. She became extremely dependent on others and began repeatedly asking questions about upcoming events. In addition, she frequently worried about her inability to perform personal and instrumental activities of daily life. Without seeing her caregiver in sight, she became overwhelmed by the inability to function in customary ways. She became fearful especially of being alone. She kept following her caregiver continuously, and left the caregiver little free time to be alone. She was also anxious about her self-perceived progressive memory decline, and repeatedly asked for reassurance. These kinds of situations caused a severe burden for her caregiver, so the patient was admitted to our geropsychiatric ward for management.

After admission, Mrs. A received a series of dementia examinations. We excluded the possibility of thyroid dysfunction, B12 or folic acid deficiency, as well as infection of syphilis and HIV, which may have resulted in clinical symptoms mimicking to cognitive changes in dementia. The examination results showed a Mini-Mental State Examination (MMSE) score of 29 (total score being 30), a clinical dementia rating (CDR) score of 0.5, Functional Assessment Staging (FAST) stage 2, and a Cognitive Abilities Screening Instrument (CASI) score of 87. The results of brain CT study showed minimal generalized loss of brain tissue and suspected lacunar infarction at the right side lentiform nucleus. Although she performed relatively well on several cognitive function tests, the patient still had memory complaints and poor self-care. In addition, symptoms including delusion of theft and an inability to deal with instrumental activities of daily life still suggested the possibility of an early dementing illness. The tentative diagnoses after admission were (A) senile dementia with depression and delusion (B) panic disorder with agoraphobia. For her mood, anxiety and delusional symptoms, she was treated with diazepam (3 mg/d), quetiapine (400 mg/d), and mirtazapine (30 mg/d).

Mrs. A’s mood symptoms and Godot syndrome started to subside after three months of medication treatment. She became less anxious and ceased her earlier symptom of repeatedly asking about upcoming events. She recovered her normal functioning to the premorbid level without any symptoms and signs of dementia including memory complaints and executive function impairment. Thus, the diagnosis was revised to major depressive disorder with psychotic symptoms. Pseudo-dementia was made and her medications were slowly tapered off to using antidepressant only.
Discussion

Nucleus accumbens and prefrontal cortex are thought to be involved in the pathophysiology of major depressive disorder [6, 7]. Prefrontal cortex hypofunction might be related to the cognitive symptom in elderly depression which may be improved after the treatment of antidepressants by increasing the cerebral blood flow [8]. Prefrontal cortex atrophy is also considered as a possible predictor of dementia [9]. Godot syndrome is based on fear and may be regarded as one kind of phobia which belongs to anxiety disorder and related to the malfunction of amygdala [10]. Therefore, we suggest that the malfunction of amygdala and prefrontal cortex are involved in the pathophysiology of Godot syndrome. The involvement of nucleus accumbens is unique for this pseudo-dementia patient.

To our knowledge, this is the first case report discussing Godot syndrome in a patient with pseudodementia. The patient’s Godot syndrome and dementia-like symptoms were persisted for six months and then were improved progressively after receiving treatment with an antidepressant.

This case report highlights that if the first appearance of Godot syndrome and memory complaints occur in a patient’s late life, pseudodementia should be included in the differential diagnosis. Other treatable conditions causing the symptom mimicking to cognitive changes in dementia include B12 or folic acid deficiency, thyroid dysfunction, HIV or syphilis infection, and stroke-related memory impairment. The malfunction of prefrontal cortex, nucleus accumbens and amygdala are considered in the differential diagnosis of this patient. The timely diagnosis and the right treatment fully improved the patient’s symptoms. To note, the use of an adequate course of an antidepressant treatment is included in the initial work up for any patient who is suspected to have dementia.

References