

Confabulatory paraphrenia: disturbances of memory, diagnosis and differential diagnosis

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Basic diagnostic differences between ICD-10/DSM-IV and Leonhard's nosology

DSM-IV / ICD-10

Diagnosis is made by adding a **minimum number of symptoms** from a given symptom-catalogue which have to exist over a **given period of time**.

Leonhard's classification

Diagnosis is made by the assessment of **specific symptom constellations** (**specific symptoms form characteristic syndromes**), which run a **typical course (prognosis)**.

descriptive psychopathology



combination of symptoms

(„Symptomverbindungen“)

cardinal symptoms / core syndrome

facultative symptoms



clinical entities

(„Krankheitsgruppierungen“)



nosology of psychic diseases

differentiated aetiology

The Triadic System in Clinical Psychiatry

German tradition of psychiatry (Birnbaum, Jaspers, Kraepelin, Schneider, Leonhard)	ICD 10
organic („exogenous“) psychoses primary brain disease brain dysfunction due to somatic disease	organic (symptomatic) mental disorders F0 mental and behavioural disorders due to substance use F1
endogenous psychoses manic-depression monopolar depressions and euphorias schizophrenia manic-depressive illness cycloid psychoses group of schizophrenias (unsystematic/systematic)	schizophrenia, schizotypal and delusional disorders F2 mood (affective) disorders F3
variation of human nature/personality personality disorders neurotic disorders addiction disorders sexual deviation mental retardation	neurotic, stress-related and somatoform disorders F4 behavioural syndromes associated with physiological disturbances and physical factors F5 disorders of adult personality and behaviour F6 mental retardation F7

Confabulation: General Definition

Disturbances of memory

1. amnesia: partial or total inability to recall past experiences (organic or emotional in origin)
2. paramnesia
 - a) fausse reconnaissance, false recognition
 - b) retrospective falsification: recollection of a true memory to which false details are added
 - c) **confabulation: unconscious filling of gaps in memory by imagined or untrue experiences that patient believes but that have no basis in fact**
 - d) déjà vu: illusion of visual recognition in which a new situation is incorrectly regarded as a repetition of a previous memory
 - e) déjà entendu: illusion of auditory recognition
 - f) déjà pensé: illusion that a new thought is recognized as a thought previously felt or expressed
 - g) jamais vu: false feeling of unfamiliarity with a real situation one has experienced.
3. hypermnesia: exaggerated degree of retention and recall
4. eidetic images: visual memories of almost hallucinatory vividness

△ si delusional memories
→ confabulation

Order reality as the person lives

Confabulatory syndromes

	confabulatory syndromes	facultative, transient occurrence of confabulations
organic brain disease	Korsakow syndrome infectious disease (typhus)	organic brain injury CO-intoxication dementia
endogenous psychoses: phasic course	confabulatory euphoria	pure mania manic depressive illness
chronic course	systematic schizophrenias: confabulatory paraphrenia sluggish catatonia (early stages)	unsystematic schizophrenias: affect-laden paraphrenia cataphasia systematic schizophrenias: incoherent paraphrenia expansive paraphrenia
personality disorder	pseudologia fantastica = MYSTÈRE	cf. Munchausen

cont. l'un par
le fait d'être
totalement
muet et donc
à l'apex

⇒ D. de MUNCHAUSEN ⇒ D. de CONFABULATO dans cycloïde psychoses

Korsakow Syndrome (Amnestic Syndrome)

1) disorientation in time and place, not to the person

2) amnestic syndrome

(irreversible) memory deficit regarding retentiveness (Merkfähigkeit), i.e. short-term memory, not long-term memory

If questions cannot be answered (due to memory deficit),

gaps in memory are filled with imagined or untrue experiences

(confabulations and pseudo-reminiscences), and stories potentially related to the real life of the affected individual.

(what they have done yesterday, and the day before, what they have had at lunch and dinner, whom they have met etc.)

They do not intend to tell a lie or cheat anyone, but replace the absent memory with promptly answers, and believe that the recall is true.

3) euphoric mood with blunted affectivity

⇒ peuvent faire croire que c'est leur vie réelle. D. de Korsakow
de schizophrénie. C'est bizarre, j'ai l'impression → les patients
j'ai qu'on m'a interrogé ⇒ peuvent avoir oublié à quel point
dit → change d'examen
à l'autre

Confabulatory Euphoria

Core Syndrome

fantastic stories and elevated mood

the pathological euphoric affectivity is filled with content:

joyous stories based on errors of memory (confabulations) or entirely imaginary missing the character of experience (self-elevation, ideas of grandeur)

increased self-esteem with self-praise, tales reported in a fantastic sensational manner

facultative symptoms:

like to talk with lively report and without pressure of speech

absence of restless activity or psychomotor agitation

But avec

*Parfois ont des mal à se dire que c'est vrai
et trop fantastique*

*et absence de pression
de l'absence de pression*

Systematic Paraphrenias

Symptomatology is characterized by

dysfunction of the formal thought process (in all phenotypes of the systematic paraphrenias)

dysfunction of the content of thought (delusional forms)

expansive paraphrenia,
confabulatory paraphrenia

dysfunction of perception (hallucinatory forms)

phonemic paraphrenia
hypochondriacal paraphrenia
incoherent paraphrenia
fantastic paraphrenia

6 subtypes with characteristic and specific symptom constellations and 15 combined subtypes derived from a combination of two simple forms with generate new specific symptom constellations

Confabulatory Paraphrenia I

Confabulations at the beginning:

dream-like experiences, isolated tales

full syndrome:

isolated tales are consolidated into integrated stories

confabulatory ideas form a closed world of earlier experiences not connected with the immediate surroundings

sensational tales of travels and adventures with non-critical, fantastic arrangement without any obstacles

journeys through time, travels to other continents, happenings on stars, conversations with divinities

if asked, patients remember in detail and vividly how experiences happened

the experiences always happen at distant places and periods of time and, thus, are not interconnected with the actual situation of the patient

Confabulatory Paraphrenia II

confabulatory stories are new creations based on genuine errors of memory (to a lesser extent falsification of memory)

experiences are recalled with considerable sensual lucidness and clarity, even for details, but with fantastic formulation (contrasting to ordinary dreams)

all sensory areas are involved, particularly the visual element

most of the details are picture-like, visual components of the events are predominately reported, to a lesser degree auditory perceptions or tactile sensations (contrasting to regular memory function where the auditory verbal sphere is prominently involved)

reports are always prepared; stories are already complete, have previously developed at a time when the patient was not actively stimulated and his thoughts ran free (facial expression; in opposite to pseudologia fantastica or Korsakow syndrome)

partially maintained criticism:

immediate environment is not enrolled into the confabulations

allocation of experiences to dreams or states of trance

new experiences develop often at night, like in dreams (lowered conscious awareness)

↳ se rappelle le nuit et se rappelle main d'un rêve
chose du daily living de l'environnement immédiat n'est pas prise en compte
seulement l'environnement interne après un état de conscience altérée

Confabulatory Paraphrenia III

exorbitant ideas of grandeur (high position)

perceptive errors („Wahrnehmungsfälschungen“)

ordinary people look different from one day to the next

(additional disorder of memory function?)

(④ qd au ④ ch
d'v j'ai (auk)

stable, elevated, fairly happy mood with affective blunting

capable de se faire plaisir ça se rend compte que ce n'est pas
(≠ euphorie (-))

formal thought disorder: pictorial thought, weakness in abstract conceptualization, concrete thinking

accessory symptoms at the beginning: auditory hallucinations

no severe affective fluctuations (in contrast to affect-laden paraphrenia)

age de début

① pour être instable au début → les patients (hospital
se rendent compte que pb sont importants

pat 1: 35A, puis 40A, puis 45A

Differential diagnosis:

Confabulatory Euphoria:

stories like flowing ideas, permeated with transitory notions

without the character of an experience

euphoric mood (affective involvement), liveliness

Confabulatory Paraphrenia:

stories rigid, like memory errors, repeatedly presented in the same way, slowly replaced by new ones

reported in a natural manner with unworried, elevated mood

Affect-laden Paraphrenia

subtype of the unsystematic schizophrenias

Core syndrome:

irritated reference syndrome („gereiztes Beziehungssyndrom“)
ideas of reference are closely linked to affective irritation and
affective fluctuations

initial stages:

delusions and hallucinations grow out of anxiety or ecstasy

anxiety with self-reference and hallucinations

ecstasy with false perceptions („love delirium“)

both accompanied by progressive illogical thinking

auditory hallucinations and somatic hallucinations

misperceptions with the feeling of being influenced from outside

delusions of persecution

delusions of immense grandeur

episodic-remitting or continuous course:

ideas no longer deduced by anxiety/ecstasy

=> hostile mis-interpretations of the environment, paranoid ideas
strongly anchored in an over-sensitive affectivity

Affect-laden Paraphrenia II

Core symptoms in the chronic progressive course:

intensification of the illogical component

systematised delusions (interconnection of various delusional ideas)

fantastic delusions of grandeur

errors of memory: new creations of experiences in the context of
persecutory ideas

incidental confabulations

B evolue fantastique

falsification of memory: misinterpretations of real experiences

misidentification of persons (driven by paranoid affectivity)

absurd ideas

hallucinations in all spheres

pathological affectivity: delusions and hallucinations remain strongly
anchored in the affectivity

NLP
bizarre
manic
affect
ver

Cataphasia (Schizophasia)

subtype of the unsystematic schizophrenias

central syndrome: qualitative thought disorder

excited pole

- confused pressure of speech
- logical blunders and derailments
- wrong choice of words, neologisms, contaminations, „word salad“
- confabulations
- uniformity of verbal expression
- grammatical and semantic errors, paragrammatism

inhibited pole

- thought inhibition with poverty of speech or mutism with logical errors, syntactic and semantic errors
- ideas of reference
- numbing of reactivity, and facial expression
- blunted staring at the examiner

intermittent, bipolar course with ecstatic mood fluctuations

accessoric hallucinations and delusions

behaviour remains usually well organised, activities fairly well preserved with blunted, indifferent affectivity

persistent logical errors, paralogic thinking (proverbs)

Fantastic Paraphrenia

idées absurdes fantasmatiques dès le début

pronounced hallucinations (visual and auditory) and delusional ideas form a fantastic world in which these patients live

permanent auditory hallucinations without affective involvement
senseless insertion in the process of thinking

somatic hallucinations, body sensations described in a grotesque form

pronounced visual hallucinations, isolated and scenic with reports of interrelated experiences and events, accompanied by voices or hallucinations of smell and taste

absurd and ideas outside the realm of physical possibility, absurd misidentification of persons

excessive ideas of grandeur (always present), but patients do not exploit their high position outwardly

simple assertions, no longer narrations

reports without affective intensity, if talking about fantastic ideas the train of thought is muddled

thought disorder: derailment (Entgleisung), linguistic errors → plutôt facile

at the beginning: fantastic features, mood swings, ideas of reference

plus de narrat
plus de histoire

substantiel stable, faits : purs, purs

Si on
pas, monder
style -> pour
le diagnostic

Confabulatory-fantastic paraphrenia

pubert n°3

syndrome of fantastic paraphrenia is fully preserved with absurd ideas, ideas of grandeur, misidentifications, hallucinations

ideas are further developed to confabulations in that they are not simple assertions (fantastic paraphrenia), but amplified by concrete descriptions

absence of longer narrations, reports end quickly

lack of trips to distant countries

somatic experiences are particularly grotesque and absurd, and include a confabulatory element

peculiar, curious statements (creatures in the body) with picture-like quality (in part visual hallucinations?)

distinctive auditory hallucinations, reported without emotional involvement

misidentifications of persons, excessive ideas of grandeur

patients like to talk, increasingly in a confused way; neologisms

→ les idées de grandeur et les hallucinations sont très liées, les idées de grandeur sont souvent accompagnées de hallucinations et les hallucinations sont souvent accompagnées de idées de grandeur

- H.M. and
co-ther
① detail on
H. M. and
co-ther

Expansive Paraphrenia

moderate ideas of grandeur, but the whole personality is affected by the grandiose delusions

patients live their megalomania outwardly, try to act important with expansive behaviour in posture and movements, style of dress, inventions, characteristic written items etc.

familiar in a friendly way with the doctors and tend to look down on their fellow patients

not associated with persecutory delusions

poverty of ideas: behaviour and productions have a monotonous character, ideas and attitudes are repeated without much variation (in contrast to the richness of ideas in confabulatory and fantastic paraphrenia)

stilted verbosity when talking about their ideas; little initiative and interest outside the expansive behaviour, blunted affectivity

formal thought disorder: finer details are missing, coarsening of thought (vergrößertes Denken), grammatical errors, neologisms

accessory symptoms at the beginning: auditory hallucinations

entirely delusional in the later stages

Expansive-phonemic Paraphrenia

megalomaniac behaviour with ideas of grandeur, claim high positions

ideas lack imagination and fanciful nature, are without confabulatory character

report their voices proudly as new and important capacity, voices fit in the train of thought process of thinking, patients are in conversation with the voices

visual hallucinations

verbosity when talking, partially in a confused logorrhoe

little initiative and interest outside the expansive behaviour, blunted affectivity

formal thought disorder: „fuzzy“ thinking (verschwommenes Denken) with verbal peculiarities

Confabulatory Paraphrenia. – Here the outstanding feature is falsification of memory, and these patients produce plastic, detailed descriptions of alleged events. In some cases in the early stages there may be dream-like experiences which appear to be precursors of the later confabulations, but in other cases the confabulations may clearly be present at the onset of the illness. The characteristic confabulations generally have a fantastic quality and are concerned with other parts of the world, other worlds, or even the moon and stars. It is as if visual and auditory images connected with the patient's fantasy life emerge spontaneously and acquire a sensory character, which normally is only associated with memory images. As the patients evaluate their environment correctly, Leonhard assumes that their critical sense will only allow the confabulations to be valid when they are concerned with other places and other times. Quite a number of these patients say that these fantastic events happened in dreams or trances and this can be regarded as an indication of partial preservation of the patient's critical sense. These patients also have 'perceptual falsifications' in which objects in their environment, especially people, continually appear to be different, so that the size, shape, and general appearance of things change from day to day. Leonhard explains this as an abnormally detailed concretization of memory images, so that, for example, when a person is seen by the patient, he is contrasted with the detailed memory image of his appearance on the day before and the different features of his present appearance are emphasized, while the general similarity is overlooked. Grandiose ideas which are often very extravagant also occur and are always worked into the confabulations. These patients have an elevated mood which supports the grandiose delusions and partly contributes to the fantastic and sensational character of the confabulations. Leonhard considers that the formal thought disorder in this variety of paraphrenia enhances the absurdly fantastic nature of the confabulations, because the transition from concrete to abstract thought in these patients is disturbed, so that while they can maintain a critical judgement in concrete thinking, they cannot carry out abstract tasks. Thus in everyday life they are well ordered, but in intelligence tests they show a peculiar pictorial form of thinking.