Case Report

Othello Syndrome in Acute Coronary Syndrome

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Received: February 20, 2006   Accepted: April 28, 2006

ABSTRACT

A patient with morbid jealousy associated with acute coronary syndrome is described which is the first case in this context. (Rawal Med J 2006;31:48-49)

Key Words: Jealousy, acute coronary syndrome, sexual dysfunction

INTRODUCTION

Jealousy is a common complex, ‘normal’ emotion. Othello syndrome\(^1\) or morbid jealousy describes a range of irrational thoughts and emotions, together with preoccupation with a partner’s sexual unfaithfulness based on unfounded evidence. Othello syndrome is defined as the delusion of infidelity of a spouse or a partner. It affects males more often than females. It is characterized by recurrent accusations of infidelity, searches for evidence, repeated interrogation of the partner, tests of partner’s fidelity and sometimes stalking. As in Othello\(^2\), the play by Shakespeare, the syndrome can be highly dangerous and result in disruption of a marriage, homicide and suicide. The syndrome may appear by itself or in the course of paranoid schizophrenia, depressive illness and alcoholism. Organic causes include cocaine addiction, endocrine and metabolic disorders.

Psychological studies\(^3\) introduced error management theory as a way of looking at jealousy through the costs and benefits of making two errors. This theory states that there are two ways to confront possible infidelity from a partner; either you ignore it and believe there is no infidelity or you react with jealousy. The present case study documents the first reported case of Othello syndrome in association with acute coronary syndrome (ACS).
CASE REPORT

A 43-year-old businessman, who had history of hypertension, was admitted to Shifa International Hospital with complaints of retrosternal chest pain for the last 4-5 days with dyspnea on exertion. Diagnosis of ACS was made and his ECG showed non-ST segment myocardium infarction. He underwent angioplasty of left anterior descending artery.

During this admission, he stated strong beliefs that his wife was cheating on him. He admitted that he had been following her around and that he had evidence from missed mobile phone calls to convince himself. He believed that she committed unfaithful acts with another male in his office and when he saw him passing by his home he was convinced that his wife was romantically involved with him. After this, the patient got very distressed and challenged his wife’s fidelity saying that she must be meeting frequently and must be having physical relations with him. He started living in a separate room in the same house and was secretly keeping a close observation on her while she was asleep. If he did not get satisfactory answers from his wife, he would start hitting her head against the wall. Thus, he started believing that his wife was definitely having extramarital relations and that she was a characterless lady, despite repeated clarifications from her. He would feel angry and at times thought of getting a divorce. He felt abandoned, as other family members did not share his beliefs.

His past history revealed that he was seen in urology department of this hospital in 1998 for his impotence and was found to have oligospermia. His wife thought that decreased sexual performance may be related to his urology complaint and she never displayed any dissatisfaction. She denied all the allegations made by him and she was very distressed and helpless.

His mental state examination revealed morbid jealousy, depressed affect and concern about his decrease sexual performance. Initially, he was given Risperidol 1mg tid along with fluoxetine 20 mg once a day. In addition, psychosocial intervention was commenced to relieve the symptom of jealousy. Within three weeks, there was a reasonable improvement in not only his sexual symptoms but also in his symptoms of jealousy. Fluoxetine was gradually withdrawn and he was maintained only on Risperidol 3mg once a day.

DISCUSSION

Morbid jealousy portrays a unifying dominant theme of preoccupation with the partner’s sexual infidelity. It may take the form of a delusion, an obsession or an overvalued idea or combination of these. Mooney details various psychiatric diseases related to morbid jealousy and the relationship between functional or organic illness. Coronary ischemic is an important association and ACS should be treated as a priority.
Morbid jealousy has the potential to cause enormous distress to both partners within a relationship and to their families. Undoubtedly, it carries with it a risk of serious violence and suicide. Early identification and treatment are vital to prevent serious harm and observation should be maintained. Risk management includes hospital admission of morbidly jealous individuals where necessary, together with taking steps to protect potential victims. The modern physician has a diversity of psychosocial approaches and variety of drug treatments at his disposal to tackle the disorder and the prognosis may not be as pessimistic as was once thought.

REFERENCES


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