Case Report

Folie a deux – A case report

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Received: 27-11-2021 / Revised: 10-12-2021 / Accepted: 09-01-2022

Abstract

Introduction: Induced delusional disorder is characterized by the transfer of delusions from one person to another. Both persons are closely associated for a long time and typically live together in relative social isolation. A 30-year-old female was brought to the outpatient department by her daughter with history of suspiciousness that her father is trying to harm her and her mother by poisoning them. She was also explaining that her mother has disturbed sleep pattern, and irritability for the past 6 years and with increased severity for the past 2 years. Her past history regarding psychiatry, other medical conditions and psycho-active substance abuse were unremarkable. Her mother had symptoms of suspiciousness that her husband is trying to harm her for the last 18 years, talking high of self that she is goddess Laxmi for the past 10 years, irritability, fearful behavior that she might be killed by poisoning for the last 6 years. Before 6 years, the patient used to go to school and later to college and was not having any symptoms. Induced delusional disorder is a chronic and rare disorder and long term treatment may be required. Atypical antipsychotic olanzapine augmented with electroconvulsive therapy along with psychotherapy are shown to be effective.

Key words: Induced delusional disorder, delusions, olanzapine, electroconvulsive therapy.

Introduction

The term "folie a deux," coined by Lasegue and Falret in 1877, also known as shared psychotic disorder, induced delusion disorder, psychosis of association, or double insanity, describes a syndrome in which paranoid delusions are transferred from one individual to one or more other susceptible person(s). Cases of induced psychosis have been reported dating back to 1563[1].

There are four types of folie a deux: Folie impose'e, folic simultane'e, folie communique'e and folie induite. Folie impose'e is the most common form of folie a deux, in which the primary case is typically dominant and forceful. The secondary case is usually dependent and highly suggestible[2]. Folie simultane'e describes the simultaneous appearance of identical psychoses in two predisposed persons who have had a long, intimate association. Folie communique'e involves the transfer of psychotic delusions after a long period of resistance. In folie induite, new delusions are added to old ones under the influence of another deluded patient[3].

Induced delusional disorder is characterized by the transfer of delusions from one person to another. Both persons are closely associated for a long time and typically live together in relative social isolation[4,5].

In its most common form, folie impose, the individual who first has the delusion (the primary case) is often chronically ill and typically is the influential member of a close relationship with a more suggestible person (the secondary case) who also develops the delusion[6,7].

The occurrence of the delusion is attributed to the strong influence of the more dominant member. A genetic predisposition to idiopathic psychoses has also been suggested as a possible risk factor[8,9,10].

It is also called shared psychotic disorder, folie a deux, symbiotic psychosis, shared imposed psychosis, infectious insanity and double insanity.

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Case report

A 30-year-old female was brought to the outpatient department by her daughter with history of suspiciousness that her father is trying to harm her and her mother by poisoning them.

She was also explaining that her mother has disturbed sleep pattern, and irritability for the past 6 years and with increased severity for the past 2 years.

Her past history regarding psychiatry, other medical conditions and psycho-active substance abuse were unremarkable.

Her mother had symptoms of suspiciousness that her husband is trying to harm her for the last 18 years, talking high of self that she is goddess Laxmi for the past 10 years, irritability, fearful behavior that she might be killed by poisoning for the last 6 years.

Before 6 years, the patient used to go to school and later to college and was not having any symptoms.

But since the past 6 years, both mother and daughter were in a close relationship and living in a relative isolation. Since then, daughter started to develop the same symptoms as her mother.

Both started going together whenever they needed to go out and started taking turn at night while sleeping, as one kept watch on the other, fearing that they might be poisoned and killed.

Her general physical examination and neurological examination were unremarkable. On mental status examination, patient is conscious, coherent, co-operative with no speech abnormalities and with significant delusional thinking (delusions of reference, persecution and grandiosity), with no perceptual abnormalities, euthymic mood, poor concentration, lack of judgement and absent insight Patient was diagnosed with induced delusional disorder and was admitted along with her mother for further evaluation and management and was started on atypical antipsychotic olanzapine.

After acute management and control of symptoms such as irritability and aggressive behavior, psychotherapy with individual and family therapy along with insight oriented therapy were started.

Olanzapine was titrated to 20mg per day but patient showed only a modest response. Both mother and daughter received electroconvulsive therapy and after 3 months of treatment, patient started showing improvement.

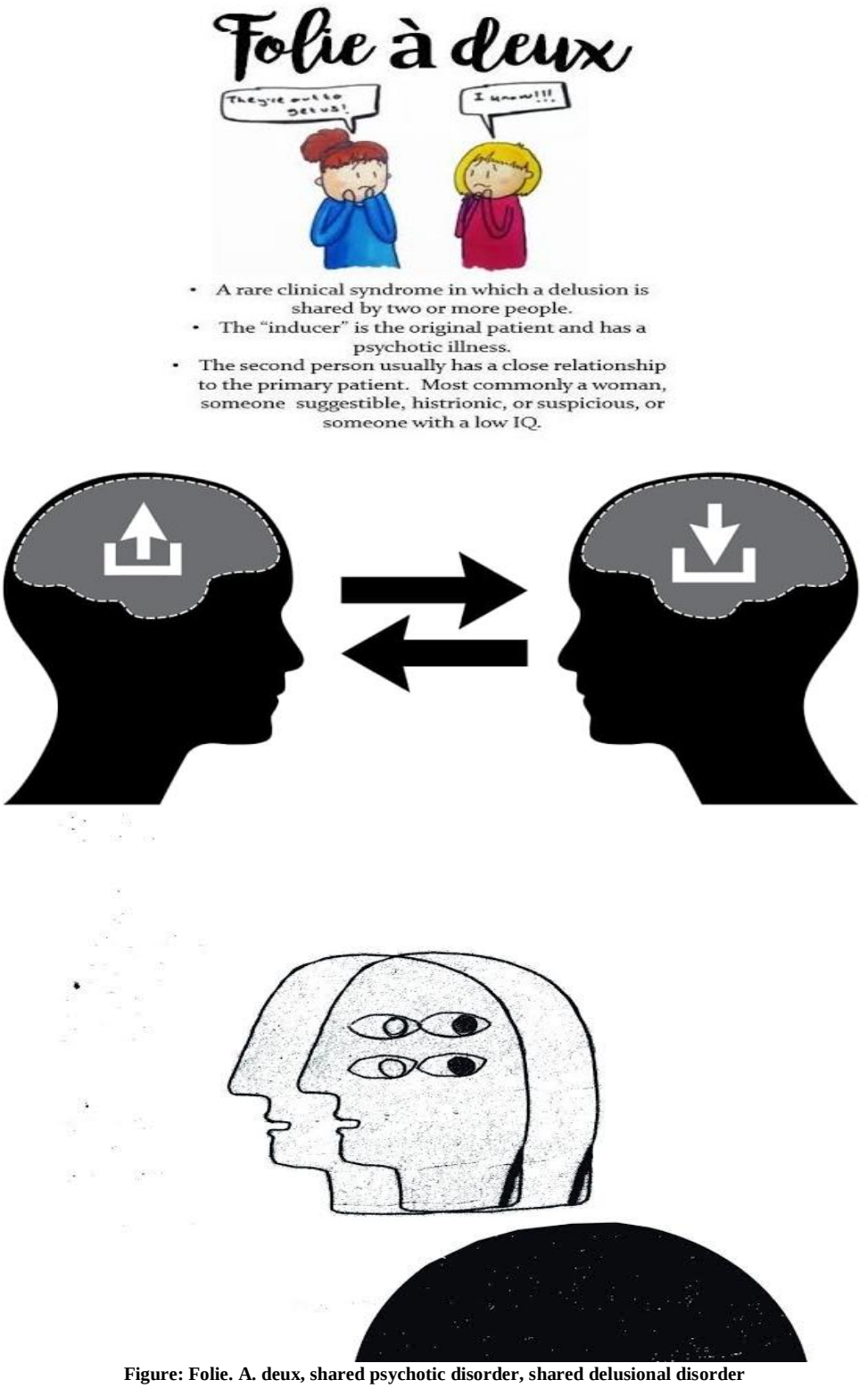

Figure: Folie. A. deux, shared psychotic disorder, shared delusional disorder

Discussion

This patient represented a rare case of Folie a deux (induced delusional disorder), in which the primary case was her mother and was in accordance with the key features of the disorder i.e. unquestioning acceptance of the other individual's delusional beliefs and the temporal sequence of development of the disorder, with her mother having an earlier onset[11].

The prevalence of delusional disorder is estimated to be 0.2 to 0.3 percent. Thus, delusional disorder is much rarer than schizophrenia,

which has a prevalence of about 1 percent. A slight preponderance of female patient's exists[12].

Induced delusional disorder is a much rarer disorder, but incidence and prevalence estimates are lacking, and the literature consists almost entirely of case reports only[13].

Though the person in the secondary case is frequently less intelligent, more passive, or more lacking in self esteem than the person in the primary case, this patient was more intelligent and more active than her mother[14].

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Conclusion

Induced delusional disorder is a chronic and rare disorder and long term treatment may be required. Atypical antipsychotic olanzapine augmented with electroconvulsive therapy along with psychotherapy are shown to be effective.

As with any rare disorder, recognition and correct referral is of paramount importance. With timely intervention and regular follow up, Folie a deux has good prognosis. It is thus essential for psychiatrists to understand the psychodynamics of the disease and plan for long term management.

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Conflict of Interest: Nil Source of support: Nil