

*Case Report***Shared Psychotic Disorder: A case of “Folie a deux” with a delusion of pregnancy**

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ABSTRACT

Shared psychotic disorder (Folie a deux), is a rarely seen and poorly understood psychiatric disorder. It is characterized by the transfer of delusional belief from one primary patient, who already suffering from a psychotic disorder, to another, the secondary patient. Here we present a case, of daughter of schizophrenic mother who has shared psychotic disorder with belief delusion of pregnancy. It was easily diagnosed but a bigger challenge for management purpose.

Keywords: Shared psychotic disorder, folie a deux, delusion of pregnancy.

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INTRODUCTION

Shared psychotic disorder (PSD), also known as ‘Folie A Deux’, is a rare clinical disorder which was first coined by French Psychiatrists Charles Lasegue and Jean-Pierre Falret in 1887 so it is also called Lasegue-Falret Syndrome [1]. It has various names under umbrella of SPD such as psychosis of association, shared paranoid disorder, communicated insanity, contagious insanity, induced delusion disorder, psychosis of association, double insanity, induced insanity, insanity by association, induced psychotic disorder, folie a deux, folie a trios, folie a quatre, folie a cinq and folie a famille [2].

The nature of this disorder is a transfer of delusional belief from one person (inducer, the primary patient) to another (recipient, involved, induced partner or secondary patient). The primary patient is known as the ‘dominant’ or ‘principle’ partner and the secondary patient, who is influenced by the primary patient, is known as ‘submissive partner’ or associate [3]. The disorder commonly occurs within families, and it is most commonly seen between husband and wife, between two siblings and as well as mother and daughter and also noted in other close relationships. It is commonly seen in female than males to both primary and secondary partner. In SPD patient usually accompanied by delusional symptom and delusions shared are usually persecutory in nature, followed by grandiose delusion. Hallucinations are more commonly seen in inducer. The one of the precipitating or risk factors of this illness are both patients usually live in close proximity and they are always isolated from the outside world and its influences [4]. Average age of onset for disorder in both primary and secondary patient is in the adult age group [5], however may affect any age of population [6]. Regarding causes, natural history and prognosis of the syndrome are still unclear.

There are four types of folie a deux: (a) Folie impose’e; (b) folie simultane’e; (c) folie communique’e; and (d) folie induite [7]. 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, highly suggestible and in this delusion always disappears after separation. Folie simultane’e is the simultaneous appearance of identical psychoses in two predisposed persons who have a long, intimate association and in this delusion never

disappear after separation. Folie commune'e involves the transfer of psychotic delusions after a long period of resistance and in which delusion typically persists despite separation. In folie induite, new delusions are added to old ones under the influence of another deluded patient.

Diagnostic and Statistical Manual of Mental Disorders (DSM) of previous version, SPD was popularly known as 'Folie a Deux,' In the current DSM-5 diagnostic criteria, this diagnosis has been removed and grouped under the umbrella of 'Delusional Disorders' owing to the fact that the belief in question might normally be widely shared amongst people of the same culture. In International Classification of Diseases-10 diagnostic criteria (ICD 10) however, 'SPD' still remains relevant. Like most psychiatric phenomenon SPD was also the theme of a well-known movie, 'Cries and Whispers' [8], by Ingmar Bergman, in the movie a nurse is inexorably drawn into the psychosis of her patient. Before this syndrome was assigned by a researcher, William Harvey in 1651 who described a case of 'phantom pregnancy' associated with folie a deux in two sisters who both believed that they could frequently feel the movement of the child as they occupied the same bed [9]. In our case mother and daughter both are having delusional belief of pregnancy. SPD treated both inducer and recipient with a psycho-pharmacological approach with antipsychotic drugs [10].

CASE REPORT

The mother 'X' 59 years old divorced female and her daughter 'Y' 41 years old unmarried female. Both were brought to our hospital by relative, with history of disturbed behavior. Patients are not leaving with each other, even though they used to sleep at different bed but very close.

Mother 'X' had diagnosed case of schizophrenia for more than 20 years. Her symptoms were relapsed due to non-compliance with medications since the past 2 years. She complained of suspiciousness towards neighbor, and believes that her neighbors want to marry their daughter with her husband. Also believe that her husband is in higher position, a doctor by profession, said she is pregnant of 6 months duration and occasionally anger outburst. For her illness she was started on tablet haloperidol 10mg at bed time, tablet olanzapine 5mg twice per day and benzhexole 5mg in morning.

Her daughter 'Y' 41 years old, unmarried female, she is eldest among siblings. She is very close to her mother and always shared most of the time with and supported her mother. Day by day her bonding with mother increased. Patient is also dependent personality traits such as always depends on her mother and used to sharing all activities with her mother. She gradually developed same delusion of pregnancy. She also believes that she is also pregnant like her mother and her husband is also a doctor by profession and she is 6 months old pregnant but actually patient is unmarried. No history of sexual contact with any male and she are submissive to their pregnancy. No history of psychiatric illness in past, she had no history of substance abuse and medical illness, she had normal delivery and birth milestone achieved normal. She is graduated in psychology but never employed since long. Her physical examination was normal. On mental state examination, she revealed anxious mood, delusion such as belief in pregnancy and erotomanic delusion such as believe that their husband are in a higher position, a doctor by profession, her cognitive functions were intact. After complete assessment, a physical examination including a gynecological, no abnormality seen. Pregnancy test was done; there is no evidence of pregnancy seen. Complete laboratory work up such as complete blood cell count, liver and kidney function test was done, it was within normal limits. She was diagnosed SPD and her mother with schizophrenia.

Both patients were separated from each other and kept in different ward. She was given tab risperidone 2mg at bed time and tab lorazepam 1mg for her anxious mood and sleep. Patient was referred to psychologist for psychotherapy also given psycho-education. She was reassessed after one month patient 'Y' showed rapid improvement and she gave up her delusion of pregnancy as well anger outburst. They were discharged on two different dates to provide reinforcement of the improvement obtained. On follow up after the next one month mother 'X' well settled on medications and dramatic improvement was seen in their delusion, later it was completely subsided.

DISCUSSION

In our case report as reported in literature delusion developed in context of close relationship with another person, occurs within the family member majority in blood relatives, such as mother and daughter. In literature it is mentioned that 72 percent of primary cases and 54 percent of secondary cases were female in SPD, and in our case both are female. Other risk factors are stressful life event, in our case father of patient 'Y' divorced her mother 'X'. As a daughter 'Y' never had contact with her father after divorce and mother is only parent, so social isolation may be possibility of development of her SPD. Various studies reported that the pre-psychotic personality of the individuals affected by shared psychosis and our patient is dependent, insecure, and passive in social life. That's why our case met current operational criteria for SPD and supports this diagnosis. Temporal evidence shows that delusion of pregnancy was transferred to daughter 'Y' from mother 'X'. Patient 'Y' showed remarkable improvement after separation from mother 'X'. In our case, belief of pregnancy were associated with erotomanic delusion, believe that their husband are in higher position, a doctor by profession.

This case illustrates a subtype of folie imposee, which is the most widespread and classical form of the disorder. In this subtype delusion of the person with psychosis is transfer to a person mentally sound and the delusion of the recipient disappears after separation. Dependent personality traits in the secondary person 'Y' was reported in this case report. The literature revealed that the affected person was mostly female and younger than primary person, on our case primary person mother and secondary person is her daughter. Patient 'X' who had maintained long term close symbiotic relationship with her daughter 'Y', make it compatible with these findings. Also reported that 'separation from the primary source' is the first step of the treatment and in our case we got remarkable result, our patients gave up delusion of pregnancy after separation from primary source her mother who is schizophrenic since long. In the presented case, the diagnosis of SPD was supported by an usually close relationship between these individuals, one being dominant 'X' and other submissive 'Y' between mother and daughter respectively. The symptoms started to remit when separation from 'Y' so longer separation would benefit the induced individual in the presented case. Due to lack of insight of illness and failure to seek treatment, there are chances of aggravation of symptoms so it's bigger challenge for psychiatrist regarding management of such cases.

SPD is a rare and poorly validated psychiatric illness. If it is not properly diagnosed, the patients may face unnecessary investigations and procedure that are costly and not mandatory. Proper diagnosis of this disorder can result in successful treatment outcome by separation from primary source and if needed psychopharmacology. Psycho-education and separation from primary source result in drastic improvement of belief in secondary source. Genetic transmission of such shared psychotic illness from mother to daughter so in future further test for gene transmission should be considered.

REFERENCES

1. Lasègue C, Falret J. La folie à deux. *Ann Med Psychol* 1877;18:321–55.
2. Cuhadaroglu-Cetin F. Folie a famille and separation-individuation. *Eur Child Adolesc Psychiatry* 2001;10:194-9.
3. Kashiwase H, Kato M. Folie a duex in Japan-analysis of 97 cases in the Japanese literature. *Acta Psychiatr Scand* 1997;96(4): 231-34.
4. Howard R. Induced Psychosis. *Br J Hosp Med* 1994;51(6):305.
5. Arnone D, Patel A, Tan GM. The nosological significance of Folie a Deux: a review of the literature. *Ann Gen Psychiatry* 2006;5:11.
6. Ghosh P. Shared delusional disorder: A case report of Folie a trois. *Eur J Psychol Educ Stud* 2014;1(1):36-40.
7. Nishihara, Ryan M, Nakamura, Craig T. "A Case Report of Folie'aDeux: Husband-and-Wife," *Jeff J Psychiatry* 1993;11(1):43-50.
8. Sacks MH :Folie a Deux. *Compr Psychiatry* 1988;29(3):270-7.
9. Hunter R, Macalpi M. Three hundred years of psychiatry. Oxford University Press, London. 1963.
10. Galnack A. Folie à deux: the psychosis of association. *Psychiatr Q* 1942;16(2):230-63.

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