



# Shared delusion: a case of folie a deux

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## INTRODUCTION

- Shared delusion (folie a deux) is a rare psychiatric presentation characterised by sharing delusion among two or more people in a close relationship (1)
- Shared delusion has been first reported by Jules Baillarger in 1860 (1)
- There are four types of folie a deux: (a) Folie impose'e; (b) folie simultane'e; (c) folie communique'e; and (d) folie induite (2)
- Folie impose'e is the most common form of folie a deux (2)

## CASE REPORT

- A 30 year old, female, unmarried, 12<sup>th</sup> pass, Hindu, Hindu nuclear family, low socioeconomic status, urban background with no family history of mental illness presented with a long standing history of psychiatric symptoms since the age of 23 years
- The illness was insidious in onset and continuous in course and was characterized by symptoms of social withdrawal, muttering to self, delusion of reference and delusion of persecution, auditory hallucination, with anger agitation
- Her sleep, appetite and self care were also disturbed and she had significant socio-occupational dysfunction
- Initially her family tried to make her understand by explaining contrary to her belief but patient remained firm about her belief
- Family members (mother and brother) also had great difficulty in bringing the patient for treatment due to poor social support following her father's death
- Patient's status remained the same for 7 years and she did not receive any medical treatment
- But for the last 3 months her agitation had increased markedly with multiple episodes of verbal and physical aggression towards neighbour without any external cue
- Along with that she also would not take bath or change her cloths for months
- In view of her increasing aggression and poor self care she was later forcibly brought to the emergency department by her family members with the help of police personnel
- She was admitted to the inpatient service for further management
- A diagnosis Undifferentiated Schizophrenia, (ICD-10) was considered
- She was started on Tab Risperidone 2mg/day which was later increased up to 6mg/day; no side effects were observed
- While patient was undergoing treatment, history was taken from her mother and it was found that her mother also shared the same beliefs like neighbours trying to harm them etc. This was strictly denied by the patient's brother.
- Her mother was also started on Tab. Risperidone 2mg/day
- Psychopathology was monitored using BPRS scale for both the patient and her mother

- In non pharmacological management:
  - a. In view of poor social support, other family members were approached and tried to be involved in the treatment
  - b. Family members were psychoeducated about the illness, symptoms and were explained about the need for treatment and adherence
  - c. Later, psychoeducation was also started with the patient and her mother
- On discharge patient and her mother improved around 70% and 80% respectively

## DISCUSSION & HIGHLIGHTS

- Literature reports that shared delusion is developed in close relationship with another person, mostly within emotionally dependent relationship (3)
- 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) (4)
- The disorder commonly occurs within families (4)
- Commonly seen more in females than males to both primary and secondary partner; mostly in adult age group (5)
- 72% of primary cases and 54% of secondary cases is seen in females (5)
- 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 (6)
- In the index cases both the patients were females, both were emotionally dependent
- In the index cases risk factors like stressful life event, death of father, social isolation may be possible causes of development of psychopathology
- Index case adds to the sparse literature of shared delusion. Shared delusion is a rare and poorly validated psychiatric illness hence proper diagnosis can lead to successful management.

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Conflict of interest-none