Abstract: Folie a deux is French term that means madness shared by two. This was first described by Lasegue and Falret in 1877. It is characterized by the transference of delusions from an individual (primary), to another person (secondary) who are in close association to one another. In this case report, we present a case of Folie a Deux, where the delusion was shared between the mother and the daughter. The primary case was Mrs. A, 50 yrs old, (daughter) who had a delusion of parasitosis, and the secondary case was Mrs. B, 80 yrs old, (mother) who also had delusion of parasitosis. This case has been presented here for its rare occurrence, primary case was younger than the secondary case, and they both lived in separate house but inspite of it they had a shared delusion disorder.

Keyword: Folie a deux, Induced Delusional Disorder, Shared Delusional Disorder, Delusional Parasitosis

INTRODUCTION:
Folie a Deux is a psychiatric syndrome where a delusion or a psychosis is transmitted from one person to another. When the same syndrome is shared by more than two people it is called as folie a trois, folie a quatre etc. DSM IV terms this condition as shared delusional disorder (297.3) while ICD-10 terms this condition as induced delusional disorder (F.24). As per the diagnostic guidelines of ICD-10, the diagnosis of induced delusional disorder can be made only when it meets the following criteria: a) two or more people share the same delusion or delusional system and support one another in this belief b) they have an unusually close relationship c) there is temporal or other contextual evidence that the delusion was induced in the passive member of the pair or group by contact with the active member. Exact incidence of induced delusional disorder is unknown. The data has been only in the form of case reports, and few review studies has been conducted based on these case reports, but it is hard to come to a conclusion about the incidence with these minimal data. Females are found to be more often affected than the male population (Silveira & Seeman et al, 1995). Shared psychotic disorder is mostly observed among people who live in close proximity and in close relationships (Arnone.D et al, 2006). Mother – daughter and sister – sister relationship contribute to 50% of the cases (Enoch.MD et al, 2001). The intelligence level is found to be lower with regard to the secondary patient in most of the case reports.

Social isolation is seen in 84% of the patients in the review conducted by Silveira et al. and is considered a important contributing factor. Persecutory delusions and grandiose delusions are the most common of delusions seen in induced delusional disorders, but any kind of delusional content can occur. Delusional disorder is the commonest condition seen associated with induced delusional disorder. Schizophrenia is the next common condition seen in association with it (Shimizu, 2004). There has been a case report of a schizophrenic patient whose drug intake was interrupted as her symptoms was well under control, developed delusion of parasitosis and which was later shared by her sister who was taking care of her (Cordeiro.Q et al, 2003). Aetiologically shared delusional disorder is considered to have a biological basis. Many people with a delusional disorder or a psychotic disorder has close associates who do not develop these psychopathologies in them. So questions arise whether it is a psychosis by association or genetic determinism (Lazarus.A, 1985). Eventhough this point is argued, psychosocial factors play a great role in the causation of Folie a deuex. Identification is one psychological mechanism thought to play role in the causation of this condition. Psychodynamically, the dominant partner provokes the submissive partner into accepting his delusions rather than risk the deterioration of a close and gratifying relationship. Recent psychodynamic formulations have identified the presence of ambivalence and love hate relationship in the recipients. Never to forget, the environmental factors play a greater role in the induction and the maintenance of these delusions in the recipient individual. Delusional parasitosis is associated with 5-15% of shared delusional disorder and can run within a family (Chuleung Kim, 2003.). There are only very few case reports of folie a deuex with delusion of parasitosis from India, in addition, this case has few features that differs from the traditional explanation offered for these induced delusional disorders.

CASE REPORT:
CASE – 1:
Mrs. A., is a 50 yrs old female, separated from her husband for the past 10yrs and living separately. She was referred from dermatology dept to the Psychiatric OPD, Govt. Rajaji Hospital, Madurai, with the complaints of insects crawling over her body, which produces intense itching all over the body for the past 1 year. She had a strong belief that these insects are present all over the body and are blocking all the facial orifices which cause obstruction. For the past few months she had depressive features with intense suicidal wishes. No past history of any psychiatric illness was present. On
mental status examination, she sat scratching her head throughout the interview, often clearing her eyes and nasal orifices, saying that she is getting rid of those insects. In thought, she had delusion of parasitosis, ideas of hopelessness and worthlessness and suicidal ideas and her mood was found to be depressed.

CASE – 2: Mrs. B, is an 80 years old widowed female, living with her daughter. She too was referred from the dermatology dept to psychiatric OPD. She also had very similar complaints of insects coming from her scalp and crawling all over her body, producing intense itching for the past 6 months. She was found to have severe depression and she made a suicide attempt four days ago by self immolation, but the attempt was thwarted. On mental status examination, she was found scratching all over the body, and had delusion of parasitosis with depressive features. Both the patients were evaluated with complete hemogram, renal function tests, liver function tests, thyroid profile, CT scan Brain and all the investigations were within normal limits. Both of them put on T. Risperidone 4mg, antidepressants and anxiolytics. They were discharged after 15 days of inpatient management. At the one month follow up they both had very good response to medication and had been on continuous follow up.

DISCUSSION:
Folie a’ deuex is described as a rare entity among the literature. But the prevalence is considered to be more common than what the past datas suggest. The concept based on which the condition was initially described by Lasegue and Faelret has undergone a revamp. The review of case reports and literature done by Silveira & Seeman in 1995 and ano her similar review done by Danilo Arnone et al in 2006 are of greater importance. In the review by silveira, he collected the case reports of folie a’ deuex between 1942 and 1993. He studied 61 cases which satisfied his inclusion criteria. Danilo Arnone in his review of case reports between 1994 to 2005, he compiled 42 cases. Arnone’s review more or less was the continuation of the work done by silveira et al. The outcome of both these reviews had few common observations.

The mean age of onset of primary case was around 48 and 52 yrs and secondary case was around, 42 and 45 yrs. On com parison with this observation our case had a different presentation, with the primary case being younger than the secondary case. Females were found to have greater incidence in both the reviews. Family history of psychiatric illness was found in 54% of secondary cases in Silveira’s review while no such significance was observed among the Danilo’s review. Social isolation was an important factor among patients with shared delusional disorder. Persecutory and grandiose delusions were the commonest psychopathology seen in shared delusional disorders according to these reviews. Delusional parasitosis as folie a’ deuex is seen in 8% of the cases (Musalek et al, 1990). There has been a few case reports describing folie a’ deuex presenting with delusion of parasitosis (Pampiglione et al, 1998; Cordiro et al, 2003; Chuleung Kim, 2003). DP was described by G.Thibierge in 1890’s and was initially called as Acarophobia. Patients mostly present with the “match box sign”, where they come with a box of tiny mass of dead tissue, hair etc. which they present as the insects collected form their body. In this case report we present here, both the patients came with this box of alleged insects. Depression is seen as the most common comorbid condition with delusional parasitosis. Separation alone as the treatment suggested for folie a’ deuex in earlier days, is no longer considered an adequate measure. It will have to be combined with pharmacotherapy for better results. Pimozide, a typical antipsychotic has been the drug that has been specifically used earlier to treat DP (Driscoll et al, 1993). But the current evidences point to the fact that pimozide has lost its favour and several atypicals antipsychotics have been found to be in treating delusional parasitosis in folie a’ deuex. Among the drugs, Risperidone has more amount of clinical evidence (Gallucci et al, 1995). But Olanzapine (Gonski et al, 2003), Aripiprazole, Quetiapine, etc are also found to be useful. Even other group of drugs like opioid antagonists, SSRIs, TCAs have been tried with good results.

CONCLUSION:
Induced delusional disorder with delusion of parasitosis has found to have a good prognosis when adequate treatment has been taken. Proper identification of the condition as early as possible and prompt referral to a psychiatrist will be of great help to the patient. In this case report, the daughter had DP first, then the mother developed the delusion. They were living separately, and this questions theory of close proximity and dominance of the primary case over the submissive secondary case leading to the causation of folie a’ deuex. This leads to the contention that genetic predisposition can well be a causative factor for folie a’ deuex, rather than just the psychosocial factors.

REFERENCE: