Case Report

FOLIE A TRIOS : A CASE REPORT FROM NORTH EAST INDIA

Uttam Majumder [1], Manabendra Makhal [1], Shantanu De [1], Nirmal Kumar Bera [1], Gautam Bandyopadhyaya [1],

ABSTRACT

Folie a trios is defined as an identical or similar mental disorder affecting three individuals, usually the close members of a family. One case reports of this condition are presented with a brief review of the literature. Early recognition of this condition is very much important in the management of the person having the disorder. The most of the patients with folie a trios require multiple treatments including separation, antipsychotics, individual and group psychotherapy, and family therapy.

Keywords: Folie a trios, induced delusional disorder, shared psychotic disorder**.**

INTRODUCTION :

Shared Psychotic disorder was first told by Jules Baillarger in 1860, and he termed it as " folie a communiqué." it was also called as psychoses of association, shared paranoid disorder, communicated insanity , contagious insanity, folie a deux, folie a trios, folie a quatra, folie a cinq, and folie a famille.[1,2]

Laseque and falret first introduced the term " folie a deux "or insanity or psychoses of two In the classic paper titled " lafolie a deux " in 1877.[3]
Folie a trios is said to be present when three members in a close relationship usually family members are affected (it is classified in DSM-5 as other specified schizophrenia Spectrum and other psychotic disorder). [4] And induced delusional disorder in ICD 10th edition [5]

Shared psychotic disorder is reported to be a rare occurrence [6,7] and shared psychotic disorder affecting three related person or whole family is even rare[1]. Exact prevalence of this type of psychosis (folie a trios) is not clearly reported. Cases from western country's as well as from Nigeria and India had been scarcely reported[8-12]. It is more common in socially isolated cohesive families.

Woman are more affected and mostly from nuclear families [13,14,15] reflecting traditional submissive role of ladies in the community. Delusion is first manifested in the dominant personality who then transfer it to the weaker personality and suggestible and less intelligent people.

We describe here a case of folie a trios involving three siblings, two sisters and one brother from a nuclear family. They are now residing in a socially isolated environment in a different religious practiced area in a rural village of West Bengal far away from home to render their function as school teacher in that area excepting the younger brother who is unemployed.
It may be only first time such a case reported from rural village of west Bengal in a north east part of India.

Case Report :

A 29 yrs old young hindu lady with her 27 yrs old sister and 25 yrs old brother accompanied by father comes to the author. Elder sister is diagnosed as having schizophrenia.

She as well as her sister are doing job as higher secondary school teacher in a rural village. Her unemployed brother resides together to help them.

1. North Bengal Medical College, Sushrut Nagar, Darjeeling, West Bengal,India.

They are far away from their home and their neighboring locality is religiously different. They could not develop any friends from the locality. So they leads their life totally isolated excepting some phone call with relatives. They usually become able to meet their relative twice or thrice for few days at a time in a year due to leave constraint in a new job. Their parents infrequently come to meet them as they had scarcity of time being a farmer. Suddenly she started to talk that there were enemies against them in the locality and she ordered her sister and brother not to go outside of house as enemies can kill them. She also told hearing voices talking to her self that they will kill her and others inspite of absence of any person talking to her.

They stopped to go to job. After several days younger sister and brother started to talk similarly but the had not hearing any voice. Their father defied any untoward events against themselves. They had no any past personal as well as family history of psychiatric illness. The younger sister and brother are shy, submissive and seclusive in nature and dependant on their elder sister.

The younger sister and brother are diagnose as shard Psychotic disorder (As per DSM 5 other specified schizophrenia Spectrum and other psychotic disorder).

All of them were prescribed tab. olenzapine 5mg OD for first 7days and then to take twice daily and tab lorazapam 2mg to be taken if necessary. Their father was advised to keep them staying separated to reduce the symptoms and told to review after 10 days but patient did not turn up again.

DISCUSSION:

This case illustrates a case of folie a trios involving three siblings from a nuclear family. Elder sister was the dominating personality and she had developed schizophrenia with prominent symptoms of persecutory delusion and auditory hallucination. The other two siblings were diagnosed to have shared psychotic disorder. They resided isolatedly in a minority prevailing locality. They more or less detached relationship with relatives and friends. They did not develop relation with neighbors as they were religiously different. Delusional belief of elder sister spreads to involve other two siblings who were dependent on their elder sister. This case reflects the folie a imposse subtypt of shared psychotic disorder among foursubtype, Imposse, simultanee, communiqué and induite described by Gralnick in 1942.

Progress of delusional belief to two other family members is explaining the attempt of the other two members to maintain cohesiveness in the presence of perceived hostile environment.[16] It is most impressive presentation of pathological relationship .[17] Predisposing factor in our case were social isolation and dependant personality trait in the other two siblings. It is generally accepted that a dyad composed of charismatic psychotic inducer and an induced person with dependent traits is necessary for the development of shared psychotic disorder. [4]

CONCLUSION:

As per literature, the disorder is rare but proper identification of the disorder can result in successful treatment outcome by separating the suffered members from each other and by judicious application antipsychotic. Noncompliance with treatment is some time a barrier to successful recovery.

References :

1. Enoch MD, Trethowan WH. Uncommon psychiatric syndromes. 3rd ed. Oxford: Butterworth-Heinemann Ltd; 1991;184215.

2. Cuhadaroglu-Cetin F. Folie a famille and separation-individuation. Eur Child Adolescent Psychiatry 2001;10:1949.

3. Lasegue C, Falret J. La folie a deux. Ann Med Psychol 1877;18:321.

4. American Psychiatric Association: Diagnostic and statistical manual of mental disorders, fifth edition, Arlington, VA, American Psychiatric Association 2013.

5. The ICD-10 Classification of Mental and Behavioural Disorders. Geneva: World Health Organization 1992.

6. Howard R. Induced psychosis. Br J Hosp Med 1994;51:3047.

6. Howard R. Induced psychosis. Br J Hosp Med 1994;51:3047.

7. Trabert W. 100 years of delusional parasitosis: Meta analysis of 1, 223 case reports. Psychopathology 1995;28:23846.

8. Dhadphale M. *Folie à deux*case report from Kenya. Indian J Psychiatry 1981;23:94

9. Jagadeesan K, Das B, Simlai J, et al. A variant of *folie communique?* A case report. Indian J Psychiatry 2001;43:1813.

10. Ramachandran K, Manickam LSS. Induced delusional disorder in an adolescent: A case report. Indian J Psychiatry 1997;29:3335.

11. Khess CRJ, Akthar S. Depression presenting as *folie à deux*: An atypical presentation. Indian J Psychiatry 1997;39:33842.

12. Madhukar, Kumar S. *Folie à deux* in identical twin sisters.Indian J Psychiatry 1983;25:789.

13. Kashiwase H, Kato M. Folie a deux in Japan: Analysis of 97 cases in Japanese literature. Acta Psychiatr Scand 1997;96:2314.

14. Goh YL, Wong HK. Folie a Famille: A case report of three sisters. Hong Kong J Psychiatry 2007;17:646.

15. Arnone D, Patel A, Tan GM. The nosological significance of Folie a Deux: A review of literature. Ann Gen Psychiatry 2006;5:11.

16. Thaddeus U, Russel C. The delusional parent: Family and multisystemic issues.Can J Psychiatry 1997;42:61722.

17. Enoch D, Ball H. Folie a Deux. Uncommon psychiatric syndromes 2001:179208.