Folie a Trois; the Simultaneous Presentation of Bipolar Disorder with Psychotic Feature in a Family: A Rare Case Report

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Abstract

Introduction: The most reported cases of Folie a Trois have occurred in the context of schizophrenia. Furthermore, the Folie a Trois syndrome is very uncommon. We intend to report three cases of shared psychotic disorder associated with bipolar disorder type I with psychotic feature.

Case Presentation: We report shared (induced) psychotic disorder associated with bipolar disorder type I with psychotic feature in three family members with an unusually close relation with one another. Three brothers all have been diagnosed to suffer from bipolar disorder type I and relapsed into mania with psychotic features. During their hospitalization they exhibited features related with folie a Trois. The patients fully recovered with treatment, but two of them relapsed some months later, when they discontinued medication.

Conclusions: Folie a Trois is rare, and a clinical manifestation of bipolar disorder type I in this syndrome is very uncommon. The roles of cultural issues in treatment compliance are important. The genetic factors are important and remark in shared psychotic disorder. Emotional relations and environmental stress can boost genetic factors effects on formation of shared psychotic disorder.

INTRODUCTION

Folie a Trois or shared psychotic disorder is a condition in which individuals, generally in the same family, share similar delusions [1]. Delusions usually begin in one predisposed person (usually called inducer or primary case) then develop to a very close related individual (almost called secondary case). Affected individuals usually live prolong together in an unhealthy context and share the same genetic and psychological predisposition and also are socially isolated [2]. Little is known about etiology of this rare phenomenon[3]. Shared psychotic disorder which is infrequent may occur in every period of life. Females and older subjects are more susceptible. Mean duration of delusions may last between 3± 4.6 years[4]. According to ICD-10 Folie a Trois (Folie à deux; code F-24) is classified as schizotypal and delusional disorders in which very closed individual share the same delusions in the context of paranoid and psychotic disorders. Delusions usually disappear when they are separated[5]. Also, diagnostic classification based on DSM-V shows it as a part of delusional disorders which may occur in the context of schizophrenia, affective or organic psychosis[6]. Here we report a case in which three members of the same family were involved shared psychotic disorder in the context of Bipolar type I with psychotic feature follow exposure with a stressor.
CASE PRESENTATION

In this article we’re going to introduce three brothers with bipolar mood disorder with psychotic signs. The psychiatric symptoms were include delusion of grandiosity “I am sent from god for guidance humans”. And persecutory delusion “All persons are my enemy and they will damage me”. They were in their third decade of life and belong to low socioeconomic class. IQ was the lower limit of normal in all three nearly 95. History of substance abuse was not mentioned. Laboratory tests and CT scans of all three were normal. They did not report previously referring to psychiatrist or psychologist. But positive family history of bipolar mood disorder in the patient’s father and uncle were seen. Sever stress on all family members are apparent. The family was chaotic, high emotional, low socio-economic. Family members were very dependent to each other and very emotional. They did not believe in medicinal treatments but more receptive to traditional unconventional therapies. The disorder has started in one of them and led to hospitalization, but the patient was discharged from hospital at the insistence of his family. After a few days, other two brothers showed symptoms like the first brother simultaneously. Insomnia, irritability, euphoric mood, loss of appetite, believe in fairies, jabber, and lack of insight into illness were dominant signs. They created intrusiveness for others. They believed that belong specific group and have a special power. They referred to a necromancer, but the signs worsened. This time, all three brothers simultaneously hospitalized in psychiatric ward and pharmacotherapy started including Tablet. Lithium carbonate 900 mg, Olanzapine 5 mg twice a day, and Clonazepam 1 mg TDS with Electroconvulsive therapy. The Symptoms were subsided; and then each of them had discontinued treatment. After a few months, two of them had recurrence.

DISCUSSION

Folie a Trois is an uncommon syndrome which has long serious attracted clinical attention [7, 8]. In this article, we try to express the cultural beliefs of people in choosing treatment methods; and the role of genetics in the development of a serious mental disorder in family members. The most interestingly, we try to explain the creation of a shared (induced) psychosis simultaneously in a family and the same therapeutic response but different recurrence. There was an unusual emotional, pathological relation between these patients, and their family members. The refusal to take usual psychiatric treatment was reported among these patients. They believed on spiritual methods as an alternative. This led to drug treatment familiar. Following successful treatment, the brothers were discharged back to the community. But after some months, they discontinued the treatment and recurrence occurred. Signs of illusion in Folie a Trois are usually noticeable in primary case (the person who first developed the symptoms) from one or more secondary cases (the persons who developed the symptoms later) [9]. This may describe different duration for disease recurrence in three brothers. Most of the articles report binary shared psychosis, but more than two cases of simultaneously shared psychosis are unusual. Furthermore, Folie a trois usually happens in the background of schizophrenia [6, 10] but we reported Folie a Trois occurring in the context of Bipolar type I disorder follow stressor. Also in this case, the role of genetics and stressors on the formation of the disease is highlighting. This article has reported transference of delusion from the primarily affected brother to two others, in the context of bipolar affective disorder and stress. These brothers were emotionally much closer to each other. We believe this case remark the following views: Folie a Trois is rare, a clinical manifestation of Bipolar disorder type I in this syndrome is very rare. The roles of cultural issues in treatment compliance are important. The genetic factors are important and remark in shared psychotic disorder. Emotional relations and environmental stress can boost genetic factors effects on the formation of the shared psychotic disorder. This phenomenon reveals the integration of genetic factors with environmental factors of stress and emotions in formation of Folie a trois. About etiological factors the social isolation alone in a close relationship is the most potent factors sufficient to precipitate shared psychotic disorder. It maybe there is an inherited predisposition to an impaired ability to test social reality, taking refuge in fantasies and daydreams.

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CONFLICTS OF INTEREST

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AUTHORS’ CONTRIBUTIONS

Seyed-Ali Mostafavi and Golraste Kholase Zade prepared data. Reza Bidaki and Ehsan Zarepur wrote the primary draft, revised and submitted it. All authors read and approved this manuscript (ICMJE recommendation criteria).
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