



## A case of *folie à trois*: a multidimensional clinical experience

Andrea Miuli<sup>1</sup>, Maria Chiara Spano<sup>1</sup>, Fabiola Sarchione<sup>1</sup>, Laura D'Angelo<sup>2</sup>,  
Guido D'Innocenzo<sup>3</sup>, Massimo di Giannantonio<sup>1,3</sup>

<sup>1</sup> Department of Neuroscience Imaging and Clinical Science, University "G. d'Annunzio",  
Chieti, Italy; <sup>2</sup> University "G. d'Annunzio", Chieti, Italy; <sup>3</sup> Department of Mental Health,  
National Health Trust, Chieti, Italy



Andrea Miuli

### Summary

The shared psychotic disorder (or *folies à deux* et *à trois*) is a quite uncommon pathology characterized by delusions shared among two or more subjects (usually close relatives). Even if it is well described in DSM 5 its diagnosis is difficult and a very detailed medical history is needed to detect it and treat it correctly. In this case report we present the case of three patients affected by *folies à trois*.

**Key words:** *folie à trois*, shared psychotic disorder, management

### Introduction

The shared psychotic disorder (or *folies à deux* et *à trois*) is included in the "Schizophrenia spectrum and other psychotic disorders" section of the 5<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*<sup>1</sup>. Lasègue e Falret defined it as a disorder characterized by delusional ideas transferred from one subject (*inducer*) to another (*induced*). The *inducer*, in particular, has usually a dominant role and is also the intellectual leader<sup>2</sup>. Another important aspect that could facilitate the shared psychotic disorder, is the social isolation and the presence of non-bizarre delusions linked to true life events common to all the subjects who share symptoms<sup>3,4</sup>. Moreover, cases of shared psychotic disorder are more common among relatives and that supports the hypothesis of a genetic vulnerability<sup>5</sup>.

### Case report

As consequence of a warning from a psychiatrist of the Mental Health Service of Chieti, alerted by a family doctor, Mr. C.A. and Mrs. S.T were conducted to the Emergency Room of the Hospital "S.S. Annunziata" Chieti on the 24<sup>th</sup> June 2017. During the psychiatric consultation, Mrs. S.T. was inappropriate and incoherent, revealing persecutory delusions. She had no insight of disease. The score of the Positive and Negative Syndrome Scale (PANSS) was 126 (Fig. 1). Since the patient refused any medication, the psychiatrist requested the involuntary psychiatric treatment and she was therefore admitted at the psychiatry ward of the hospital "F. Renzetti" of Lanciano.

In the meanwhile, Mr. C.A. showed delusions (paranoid and damage delusion), depressed mood characterized by huge psychic pain, and low levels of personal care and self-hygiene. His PANSS score was 105. The score of the Hamilton Rating scale for Depression (HAM-D21items) was 37 (Fig. 1), confirming severe depression. The patient was admitted at the psychiatry ward of Chieti. The psychiatrist disposed that the patients should be admitted in different hospitals in order to separate them and facilitate the treatments. During the clinical interview, it emerged that they both lived with their only son, in a severe condition of social isolation due to the psychotic distress linked to the content of the delusions. They all shared the delusional idea that an

### Correspondence:

Andrea Miuli  
andreamiuli@live.it

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Arabic ancestor of Mr. C.A. bought 2500 hectare of land and left to the heirs 40 kg of 8 carats gold. During the past months they had sued many times “mean and jealous people”, mostly neighbors, that, according to their belief, stole all their property. The family, because of the bills of the great amount of legal complaint, lived in poverty and had accumulated many debts.

Their son, F.A., a 45 years old man, needed psychiatric assessment as well, but he escaped the Emergency Room that day. The police found him two days later and conducted him back to the hospital. He underwent to an involuntary psychiatric treatment at the hospital of Giulianova, always to keep all members of family separated. The PANSS score of F.A. was 97 (Fig. 1). On the 18th of July Mrs. S.T. was moved to the department of psychiatry of Chieti since it was not possible to discharge here and let her go back home (the hygienic conditions of their house were poor and the social operators needed more time to adjust another accommodation). Furthermore, that was a good opportunity to carefully reunite the family in a controlled environment such as the hospital.

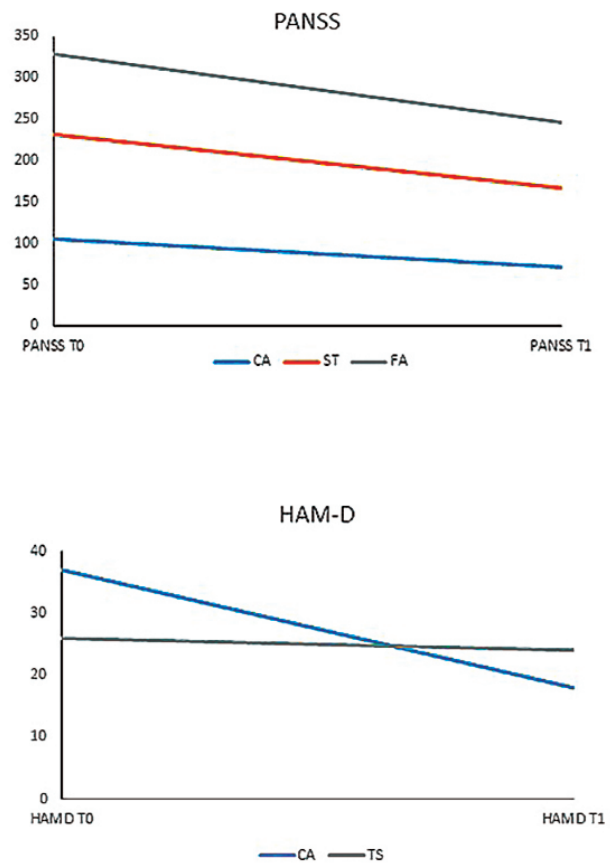
Mrs. S.T. was dismissed with her husband on the 28th July 2017 with psychopharmacological therapy with Haloperidol 3 mg/day, while her husband received a prescription of risperidone 2 mg/day and lorazepam 1mg/day. Their son was dismissed and transferred to a private facility for psychiatric disorders in order to stabilize the therapy composed by a long acting injection of Haloperidol decanoate 100 mg/20days, clonazepam 5 mg/day and risperidone 6 mg/day.

The day of discharge all patients showed a significant improvement of symptoms with an important reduction of delusions as confirmed by the PANSS scores (Fig. 1).

## Discussion

The improvement of symptoms suggests that even though the pharmacological therapy is necessary, it is also important to obtain a detailed anamnesis to identify all the psychopathological elements that are fundamental to the diagnosis of the Lasègue Farlet syndrome<sup>1</sup>. In fact, according to our opinion, the forced detachment of the inducer from the induced was crucial to interrupt the influence he had on her. In particular, even if some elements and some delusional ideas endured (as it is often observed by clinicians), those were less pervasive and, as consequence, even the mood improved.

All these elements seem to confirm that a valid tool to improve the psychopathology of patients affected by *folies à trois* (or shared psychotic disorder) could be the treatment in separated wards.



HAMD: Hamilton Depression Rating Scale; PANSS: Positive And Negative Schizophrenic Symptoms

**Figure 1.**

Psychometric evaluation before and after hospitalization.

## References

- Vigo L, Ilzarbe D, Baeza I, et al. *Shared psychotic disorder in children and young people: a systematic review*. Eur Child Adolesc Psychiatry 2019;28:1555-66. <https://doi.org/10.1007/s00787-018-1236-7>
- Lazarus A. *Folie a deux in identical twins: interaction of nature and nurture*. Br J Psychiatry 1986;148:324-6.
- Shah K, Breiting S, Avari J, et al. *Late-onset folie à deux in monozygotic twins*. Schizophr Res 2016. <https://doi.org/10.1016/j.schres.2016.10.038>
- Arnone D, Patel A, Tan GM-Y. *The nosological significance of Folie a Deux: a review of the literature*. Ann Gen Psychiatry 2006;5:11. <https://doi.org/10.1186/1744-859X-5-11>
- Lazarus A. *Folie a deux: psychosis by association or genetic determinism?* Compr Psychiatry 1985;26:129-35.