Folie à Trois Induced by a Woman With Congenital Blindness: A Rare Case Report

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Abstract

Introduction: Schizophrenia is the most common cause of Folie à trios. We intend to report a case of Folie à trios (three members of the same family) and delusional disorder by proxy in a family who were referred to psychiatrist.

Case Presentation: This report presents a 50-year-old female with congenital blindness plus her daughters were hospitalized in psychiatric service. The woman shared persecutory, poisoning and being control delusion with her 23 and 17-year-old daughters and then they were isolated because their delusions. They responded to treatment follow electroconvulsive therapy.

Conclusions: We suggest that Folie à trios can induced by patients with sensory deficits and low educated.

INTRODUCTION

Shared psychotic disorder (Folie à deux or folie communiqué), is a rare disorder in which three people share delusional ideas [1]. This disorder is characterized by a patient’s delusion that has a close relationship with another person and usually one of them has a psychotic disorder. “Induction” of delusion is the most important part of this disease. The secondary case usually has less IQ (even mental retard) and more passive personality [2]. Schizophrenia and delusional disorder are probably the most common diagnosis of the primary case [1]. This syndrome is rare and to our knowledge fewer than 300 cases have been published in this field. Any kinds of delusions can be seen in Folie à trios [2, 3].

In the present case, delusions where shared by a mother with congenital blindness and her daughters.

CASE PRESENTATIONS

A 50-year-old woman with congenital blindness and illiterate ten years ago because of family problem. She had persecutory delusion about her family and neighbors. Patient sings exacerbate about 9 months ago to form of being control and poisoning delusion. Then two girls had similar symptoms with their mother.

Mother had prevented girls from continuing their education. Her girls also suffered social withdrawal and impaired self-care also has been disrupted from about three months ago. They were stored waste at home and had disorganized behavior. They were pessimistic about the neighbors also noted that the camera is placed in the air channel.

First daughter, 23-year-old single student dropped out in about 9 months ago and before beginning of the problem she had poor communication and social relations with others. Second daughter, 17-year-old single who also dropped out of school but have better social relationships than her sister. Regarding the course of the disease intensified and their husbands’ inability to communicate with them for an outpatient visit to a psychiatrist, all three were brought by the welfare to mental hospital, all three patients were hospitalized together due to mother’s blindness. They didn’t establish communication with other patients and nurses and had completely isolated themselves.

For all three, the psychiatrist prescribed Tab. Olanzapine 5 mg and clonazepam tablet 1 mg at night. They hadn’t suitable drug adherence. They hadn’t insight and reality testing was impaired. Because they didn’t respond to medication and lack of proper compliance patients’ medication, electroconvulsive therapy (ECT) began 12 days after admission for their. They have much resistance to ECT and refused it. After 6 sessions of ECT didn’t induce significant changes about psychotic symptoms. The only change was that after ECT, interact with others and nurses was better and aggression was declined. They received two doses of the injectable long-acting anti-psychotic. They were discharged after one
month, but an appropriate response was not seen. After 3 months, the suitable therapeutic response was seen and they were symptom free and non-psychotic.

**DISCUSSION**

Treatment of shared psychotic disorder usually involves separation of the involved patients. Despite the popular belief that separation will always prove effective, results have been disappointing and found not to be therapeutically effective in some cases. For the secondary case, separation leads to full recovery in only 40% [4-6].

The item listed is actually a folie à trios, because patients were not separated, may be one of the reasons for delays and poor response to treatment is loss of separation them. On the other hand, they were very dependent to other and refused for separation. We believed the separate of them may have a negative effect for their cooperation and mental states.

The interesting thing is that delirium has started in all three at the same time while mother was illiterate and blind and character have been susceptible to the disorder. Response to treatment was retarded in all three and as parallel, so that none were free of symptoms. Two months follow-up after treatment showed a partial response. Treatment continued for monthly visits, symptoms of all three patients had deals.

The report can be characterized as follows:

Starting this common delusions of a blind person, that contrary to previous reports, women's education is less dominant than the other two. That contrary to previous reports, education dominant person is lower than the other two. The other, at the same time admitted three and Shock therapy was been started for all three.

Isolation, unlike previous treatment suggestions, that’s probably not possible, but maybe this will prolong the course of treatment.

In conclusion, Folie à trios is a rare condition that presents in different clinical settings. We believe that Folie à trios can present even in patients with sensory deficits like congenital blindness and low educated.

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**CONFLICTS OF INTEREST**

No conflict of interest to declare.

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**AUTHORS’ CONTRIBUTIONS**

Zahra Fazaelipour and Amir Reza Chamani prepared imaging and gathering data. Reza Bidaki and Ehsan Zarepur wrote primary draft, revised and submitted it. All authors read and approved this manuscript (ICMJE recommendation criteria).

**REFERENCES**