Folie a deux: An Interesting Case of Shared Psychosis
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Abstract
In this case, a female with no formal past psychiatric history presented to the crisis center status-post overdose of her son’s prescribed amphetamine in an attempt to rid herself of “parasites”. Her partner stated that these bugs were crawling all over the house and in time also started to believe his partner was infested with these parasites. In this unique presentation, we examine an instance of folie impose, in which the presenting patient was the dominant figure and primary inducer of the delusional belief of parasitosis which was projected onto her significant other; a person without any prior psychiatric history. Managing these cases are exceedingly difficult considering how those afflicted with delusional disorder typically require the constant support and reassurance from their family members who may also be affected by this disease process.

Case presentation
• Ms. A is a 43-year-old Caucasian female, domiciled with her boyfriend, with no formal past psychiatric history.
• She presented to the crisis center status-post overdose of twenty 10 mg pills of her son’s prescribed amphetamine in an attempt to rid herself of “parasites” crawling on her skin.
• She denied that this was a suicide attempt, instead conveying that she was desperate to gain the medical attention she needed to cure this ailment.
• She reported these parasites emerging soon after the death of her brother and that she was feeling isolated and had a difficult time processing her grief.
• Since that time, she reports having gone to multiple medical doctors and trialed medications including multiple antibiotics and steroids, with no effect.
• Of note, her boyfriend of many years was present and provided collateral information. He confidently corroborated the patient’s claims of parasites living on her skin. Upon further questioning, he elaborated that over the years, several bugs had been found dead around their home, which they were convinced had originated from the patient’s skin.

Discussion
• As physicians it is important to work with members of other specialties such as primary care and dermatology to assess patients with delusional parasitosis.
• Do not neglect conditions such as vitamin B12 deficiency, pellagra, neurosyphilis, multiple sclerosis, thalamic dysfunction, hypophysseal tumors, diabetes mellitus, renal disease, hepatitis, hypothroidism, mediastinal lymphoma, and leprosy3,5.
• In some patients these cases have emerged either as a type of grief reaction or in response to severe social isolation therefore it is important to keep this in mind during the patient assessment6.
• As with most patients, focusing on a social history including trauma and abuse, may give the provider more insight into possible triggers that the patients may have encountered.
• Pimoizide, a centrally acting dopamine antagonist at the D2 receptor, has been shown to be helpful in some cases, however, there are several side effects of this medication and these patients need frequent monitoring as relapse often occurs upon discontinuation of the drug4.
• Atypical antipsychotics like Aripiprazole, a partial agonist at the dopamine D2 receptor and serotonin type 1 (5HT1A) receptor as well as antagonist at serotonin type 2 (5HT2A) receptor, have also been used5.
• It may be necessary to separate the dominant figure and primary inducer from each other to facilitate the resolution of symptoms3,6.
• If trusted family members are also involved in the delusives, therapeutic approaches should broaden and become more multifactorial including reliance on a psychotherapist.

References