DEPRESSION PRESENTING AS FOLIE A DEUX : AN ATYPICAL PRESENTATION

Folie a deux is characterised by the appearance of delusions in a patient due to a close relationship with another person who already has similar delusions. Folie imposee is the commonest clinical form - is more common in women and is frequently seen between two sisters (Gralnick, 1942).

We want to share our experience regarding a case of folie a deux in two elderly, widowed sisters, who lived together and supported themselves by selling vegetables. The elder sister had 2 grown up children who lived elsewhere, while the younger sister was issueless. While building a Kucha house, their money finished before the completion of the construction, following which their problems began. Initially the elder sister began worrying over trivial matters, which slowly progressed into a full blown depressive episode with psychotic features, characterised by persecutory delusions against certain neighbours. Within a few days the younger sister also developed similar features along with identical persecutory delusions. Neither of them had any past history of psychiatric illness nor any family history. Both required admission. The elder sister responded well to imipramine (maximum dose 150 mg/day) and got discharged within 4 weeks, while the younger sister required antipsychotic along with antidepressants, and still relapsed despite being compliant to treatment, and had to be readmitted, and was given 7 E.C.Ts.

Both developed depression with psychotic features, following a significant stressor. They also fulfilled the criteria for folie a deux, proposed by Dewhurst & Todd (1956). Not only were they intimately associated, but they also had a high degree of similarity in the general motif and delusional content, and they accepted, supported and shared each other’s delusions. Separation of the two had not benefited the dependent partner, as suggested by Lasegue & Falret (1877), but this finding was consistent with the findings of various other workers (Madhukar & Kumar, 1983; Lazarus 1985). Presence of more severe symptoms in the dependent partner has not yet been reported to the best of our knowledge, though in a pair of twins, more severe symptoms were reported in the younger one, but she happened to be the dominant partner (Madhukar & Kumar, 1983). Severe depression in the submissive partner can be explained psychodynamically by the hypothesis that the dominant partner maintains some contact with the real world through the submissive partner, who in turn gains the acceptance of the dominant partner whom he or she admires. This admiration at times may lead to a hatred which may turn inwards leading to depression and even suicide in the submissive partner (Lazarus, 1985). Another possible explanation could be the fact that the younger sister was a childless widow, thereby having a more stressful life situation compared to her elder sister.

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RABBIT SYNDROME - AN UNCOMMON SIDE-EFFECT OF NEUROLEPTICS

Sir,

Gada (1997) while reporting case of Rabbit Syndrome describes it as first in Indian literature. But to my knowledge at least two more cases have been reported earlier. Gangadhar et al. (1981) and I myself (Jain, 1993) have reported these cases in journals none other than the official publications of I.P.S. itself. Gangadhar et al. (1981) reported this movement disorder in his patient while he was given a high potency neuroleptic in injectable form in addition to antipsychotics he earlier received. They also noted that there was patchy disappearance of movement during stage I of NREM sleep.

My case suffered with this movement disorder when she was admitted for her manic episode and received a high potency neuroleptic in injectable form. This happened just after a week of receiving the injectable preparation. She was receiving no anticholinergic medication as no E.P.S. was obvious.

This case differed from previously reported cases in two ways—(i) she was suffering from bipolar affective disorder while earlier reported cases were schizophrenics; (ii) the duration of exposure to neuroleptics was quite brief in this case while this syndrome is known to occur only after prolonged use.

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RABBIT SYNDROME

Sir.

With reference to Manilal Gada's article "Rabbit syndrome—an uncommon side effect of neuroleptics" published in this journal (vol 39, No 2, 1997). I have to inform you, that while the report is interesting, author's impression that this is perhaps the first case reported from India is not correct.

We have published a case report on "Rabbit syndrome—a rare complication of long-term neuroleptic medication" (Deshmukh et al., 1990).

The syndrome is indeed rare, and I have not come across another case.

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PSYCHOTROPIC DRUG SALES IN WARANGAL

Sir.

I thank Andrade for his comments (UP, letters to editor, April, 1997) on my article about psychotropic drug sales in Warangal. His presumptions that higher utilization of drug may reflect the prevalence of the disorder for which the drug is prescribed, higher utilization of a drug may reflect the range of indication is understandable.