

Information Regarding the Diagnosis of a Shared Psychotic Disorder

DSM-IV TR Diagnosis (selected text: emphasis added):

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.

Shared Psychotic Disorder

“The essential features of Shared Psychotic Disorder (Folie a Deux) is a delusion¹ that develops in an individual who is involved in a close relationship with another person (sometimes termed **the “inducer”** or “the primary case”) who already has a Psychotic Disorder with prominent delusions (Criteria A).” (p. 332)

“Usually the primary case in Shared Psychotic Disorder is dominant in the relationship and gradually imposes² the delusional system on the more passive and initially healthy second person. Individuals who come to share delusional beliefs are often related by blood or marriage and have lived together for a long time, sometimes in relative isolation. If the relationship with the primary case is interrupted, the delusional beliefs of the other individual usually diminish or disappear. Although most commonly seen in relationships of only two people, Shared Psychotic Disorder can occur in larger number of individuals, especially in **family situations in which the parent is the primary case and the children, sometimes to varying degrees, adopt the parent’s delusional beliefs.**” (p. 333)

Associated Features and Disorders

“Aside from the delusional beliefs, behavior is usually not otherwise odd or unusual in Shared Psychotic Disorder. Impairment is often less severe in individuals with Shared Psychotic Disorder than in the primary case.” (p. 333)

Prevalence

“Little systematic information about the prevalence of Shared Psychotic Disorder is available. This disorder is rare in clinical settings, although **it has been argued that some cases go unrecognized.**” (p. 333)

Course

“Without intervention, **the course is usually chronic**, because this disorder most commonly occurs in relationships that are long-standing and resistant to change. **With separation from the primary case, the individual’s delusional beliefs disappear,**³ sometimes quickly and sometimes quite slowly.” (p. 333)

¹ Definition of Delusion: Oxford Dictionary (<http://oxforddictionaries.com/>) Delusion: an idiosyncratic belief or impression that is firmly maintained despite being contradicted by what is generally accepted as reality or rational argument, typically a symptom of mental disorder; MedlinePlus Medical Dictionary (U.S. National Library of Medicine & National Institutes of Health; www.nlm.nih.gov/medlineplus/mplusdictionary.html) Delusion 2: a false belief regarding the self or persons or objects outside the self that persists despite the facts and occurs in some psychotic states

² Childress comment: The term “inducer” and the phrase “gradually imposes” seemingly suggest the cause of the Shared Psychotic Disorder.

³ Childress comment: The statements that “If the relationship with the primary case is interrupted, the delusional beliefs of the other individual usually diminish or disappear” and “With separation from the primary case, the individual’s delusional beliefs disappear” seemingly suggest treatment recommendations.

DSM-IV TR Diagnostic Criteria

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.

Diagnostic criteria for 297.3 Shared Psychotic Disorder

- A. A delusion develops in an individual in the context of a close relationship with another person(s), who has an already-established delusion.
- B. The delusion is similar in content to the person who already has the established delusion
- C. The disturbance is not better accounted for by... (p. 334)

Diagnostic criteria for 297.1 Delusional Disorder (emphasis added)

- A. **Nonbizarre** delusions (i.e., **involving situations that occur in real life**, such as being followed, poisoned, infected, loved at a distance, or deceived by spouse or lover, or having a disease) of at least 1 month's duration.
- B. Criterion A for Schizophrenia has never been met. Note: Tactile and olfactory hallucinations may be present in Delusional Disorder if they are related to the delusional theme.
- C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and **behavior is not obviously odd or bizarre**.
- D. If mood episodes have occurred concurrently with delusions, their total duration has been brief relative to the duration of the delusional periods.
- E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Specify type (the following types are assigned based on the predominant delusional theme):

Erotomantic Type: delusions that another person, usually of higher status, is in love with the individual

Grandiose Type: delusions of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person

Jealous Type: delusions that the individual's sexual partner is unfaithful

Persecutory Type: delusions that the person (or someone to whom the person is close) is being malevolently treated in some way

Somatic Type: delusions that the person has some physical defect or general medical condition

Mixed Type: delusions characteristic of more than one of the above types but no one theme predominates

Unspecified Type