

DELUSIONAL PARASITOSIS AND FOLIE À DEUX: A CASE REPORT ABOUT ARIPIPRAZOLE TREATMENT

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ABSTRACT: Introduction: Delusional parasitosis is a rare psychiatric disorder in which, contrary to medical evidence, individuals persist in a false and fixed belief that they are infested with parasites. Folie à deux is a psychotic spectrum disorder in which individuals with a close relationship share a similar delusional system. In treating these disorders, which typically involve delayed access to treatment and difficulty in obtaining treatment compliance, atypical antipsychotics are reported as the primary alternatives. **Case Report:** Two family members diagnosed with delusional parasitosis and benefited from an Aripiprazole treatment were presented. **Conclusion:** Our knowledge about treatment is often limited to case reports. In this case report, it was intended to discuss the treatment and follow-up process for delusional parasitosis.

KEYWORDS Delusional Parasitosis, Folie à deux, Aripiprazole

Background

Delusional parasitosis (DP) is defined as a false and persistent belief despite a lack of medical evidence that parasites or organisms live on the skin or other parts of the body. [1] This rare psychiatric disorder was first defined by French dermatologist Thieberge in 1894 under the name “acarophobia”. Following the identification of its characteristics by Karl Ekblom in 1937-1938, it has also been known as Ekblom Syndrome, whereas the term DP was first used by Wilson and Miller in 1946. [2] DP is classified as primary or secondary based on the etiologic factor that causes it. In primary DP, there is no underlying cause, whereas, in secondary DP, the symptoms appear depending on other general medical, neurological and psychiatric conditions.[3,4] DP may be shared by multiple people (folie a deux, folie a trios) and even an entire family (folie a famille). The prevalence of shared psychosis in DP cases is around 5-15%. [5,6] DP treatment is often faced with obstacles, and our knowledge about treatment is based on case series rather than randomized controlled studies. Antipsychotics prevail in primary delusional parasitosis treatment, whereas in cases secondary to somatic diseases, antipsychotics are only used symptomatically, and the treatment of the underlying disease is necessary. [1,6-7]

This study aims to present a shared psychosis case and the respective treatment process.

Case report

A couple (a 58-year-old woman and a 62-year-old man) referred by the dermatology department applied to the psychiatry polyclinic for complaints of itching and worms-bugs on the skin. About 5 months ago, the female patient had first developed complaints of itching after seeing bugs in a friend’s house during a visit and started feeling bugs moving under her skin about 1 week later. Shortly afterwards, her husband had also developed similar complaints. The couple applied to their family physician, who started a treatment of hydroxyzine 25 mg. The couple discontinued the treatment as their condition did not improve. They had their home disinfected repeatedly and used topical treatment such as shampoos and lotions for external parasites of their own accord without medical recommendation. They said that the bugs would leave their bodies when they showered but then would settle back under their skin in a way unknown to them. They explained that they were clean and tidy people who were greatly annoyed by this situation, and have limited their social relationships with their children and friends in order to avoid contamination, and sometimes scratched and picked at their skin to take the bugs out. On their next visit, the family physician referred them to a dermatologist. The dermatological examination did not reveal any parasites. Thus a topical treatment against the lesions formed by scratching was initiated, and the couple was also referred to the psychiatric department. The couple believed that their present condition was not related to psychiatry. However, since they received similar recommendations from the other dermatology and infectious

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DOI:10.5455/IJMRCR.Delusional-Parasitosis

First Received: December 23, 2020

Accepted: February 15, 2021

Associate Editor: Ivan Inkov (BG);

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diseases departments they applied to, they finally decided to seek psychiatric help. They stated that they would comply with the recommendations if they involved any likelihood of saving them from such a condition.

In her background, the female patient had no history of chronic disease, did not receive any previous psychiatric diagnosis and was not on any regular medication. On the other hand, the male patient was under follow-up for hypertension and regular ramipril but had no known history of psychiatric disease.

The patients' physical examination revealed that their vital signs were normal. The results of the neurological examinations and other systemic examinations were also normal. The patients had lesions on their bodies due to scratching and picking.

Both patients demonstrated normal limits in the tests of full blood count, routine biochemistry, prolactin, Salmonella tube agglutination, Brucella agglutination, TSH, T3, T4, HBs Ag, anti-HIV, VDRL, vitamin B12, folic acid and ferritin.

In the psychiatric examination, it was observed that the female patient had normal self-care, looked her age, made eye contact and answered the questions purposefully. Her affect was depressive, and her mood was depressed. She was conscious, cooperative and oriented. Her memory and intelligence were normal. Her reality testing and judgment were partially impaired.

As for the male patient, it was observed that he had normal self-care, looked his age, made eye contact and answered the questions purposefully. His affect was anxious, and his mood was depressed. He was conscious, cooperative and oriented. His memory and intelligence were normal. His reality testing and judgment were partially impaired.

In light of the findings obtained, the patients were diagnosed with delusional parasitosis and comorbid depression. The patients were informed about the treatment plan, which involved escitalopram 10 mg and gradually increasing risperidone 2 mg. The follow-up was scheduled at 15 days, but the patients applied to the polyclinic 1 month later. It was found that the female patient continued with the treatment for 1 week but then ceased it, believing that the medication was excessive and caused an increase in her appetite and sleepiness. The male patient complied with the planned treatment of escitalopram 10 mg and risperidone 2 mg for 1 month, but his examination showed no changes in the severity of his symptoms. In consideration of the side effect profile and the depressive symptoms observed in the patients, the treatment was changed to Aripiprazole 5 mg, and follow-up at 15 days was scheduled. The patients showed up for their scheduled appointment and confirmed compliance with the treatment. Accordingly, the aripiprazole treatment was gradually increased to 10 mg and subsequently to 15 mg, and the next follow-up session showed that the treatment had been beneficial for the patients. The patients were followed up at monthly intervals. The observation conducted at six months showed that the patients' complaints have subsided, their social participation went back to normal, and their symptoms did not recur.

Discussion

DP is a rare psychiatric disorder, and the respective cases usually apply to family medicine departments, internal medicine, dermatology or plastic surgery before psychiatry. [7] The idea that these patients have a physical disease rather than a psychiatric disorder renders treatment difficult. [6] The present cases sought

treatment in various departments before applying to psychiatry, and additionally, on top of the treatments recommended, attempted to benefit from antiparasitics and pesticides. The cases were diagnosed with primary DP since they had no history of previous psychiatric disorders, and the conditions that caused secondary DP were ruled out through the examinations and tests performed. The symptoms were observed in two family members (folie a deux), thus shared psychosis was considered. It is regarded that the probable trigger was the bugs that the female patient, who is considered as the primary case, saw during a visit to a friend's house. It stood out that her husband shared these unrealistic beliefs during the treatment process but had better compliance with treatment and even supported his wife for treatment.

The treatment of primary DP may involve antidepressants and anxiolytics in addition to antipsychotics. ECT and supporting psychotherapies are reported as other alternatives. [6,8] A limited number of studies conducted on antipsychotics concern pimozide which was frequently preferred. However, it has currently turned out to be a secondary treatment alternative due to its high side effect profile. Atypical antipsychotics come up as the first choice in the current treatment approach. [3,9] It is reported that Risperidone, which is among the most frequently preferred atypical antipsychotics, is used in an effective dose of 1-8 mg and Olanzapine in an effective dose of 5-10 mg. Sulpiride is presented as a reliable alternative in an effective dose of 200-400 mg. [1,9-11] Aripiprazole and ziprasidone come up as good treatment alternatives owing to their lower side effect profiles. Further, it is reported that the partial 5HT-1A effect of aripiprazole will also be effective on depression and anxiety symptoms. [10,12-13]

The female patient discontinued Risperidone and antidepressants due to an increase in her appetite and sleepiness. In contrast, the male patient who complied with the treatment for 1 month did not experience any symptom improvement. Aripiprazole provided an improvement in the depressive symptoms and the unrealistic beliefs of the patients. It is considered that Aripiprazole is a significant alternative in the treatment of delusional parasitosis because, in our cases, it provided easier compliance and full symptom improvement and caused no side effects.

Conclusion

This case report aimed to review the rare and underrecognized condition of delusional parasitosis and shared psychosis and the respective treatment alternatives. Despite a gradual increase, the literature about the aetiology, prevalence and treatment of DP remains limited. It is important that DP is kept in mind by clinicians, and future controlled studies are conducted in this regard.

Disclosures

The authors have no funding or conflicts of interest to disclose.

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