

Response to the Letter to the Editor Titled «Secondary Psychotic Syndromes Should Be Excluded before Assuming Idiopathic Digital “Folie à Trois”»

Ответ на письмо в редакцию под названием «Перед постановкой диагноза идиопатического виртуального folie à trois необходимо исключить вторичные психотические синдромы»

doi: 10.17816/CP15846

Authors' response

Debanjan Banerjee

Apollo Multispecialty Hospitals, Kolkata, India

We sincerely thank Prof. João Gama-Marques for thoughtful engagement [1] with our case series on digitally mediated shared psychotic disorder [2]. The opportunity to clarify methodological, diagnostic, and nosological aspects of our work is greatly appreciated. Our response below addresses the key concerns raised, while situating our interpretations within contemporary psychiatric literature.

On the classification of antipsychotic treatments

The correspondents note that aripiprazole is often described as a “third-generation antipsychotic” due to its partial dopamine D₂ agonism. We acknowledge this pharmacodynamic distinction. However, in many contemporary clinical contexts and guideline frameworks, aripiprazole continues to be grouped within the broader category of second-generation (atypical) antipsychotics when contrasted with first-generation agents [2]. Our use of terminology was therefore pragmatic. Importantly, this classification did not affect treatment rationale, clinical interpretation, or outcome reporting. The therapeutic response across cases was consistent with established evidence supporting dopamine-modulating agents in delusional and schizophrenia spectrum disorders [3, 4].

On ICD classification and diagnostic clarity

We agree that explicit diagnostic specifications enhance clarity. Shared psychotic disorder has historically occupied a complex nosological position. While Diagnostic and Statistical Manual of Mental Disorders,

Добанджан Банерджи

Многопрофильные больницы Apollo, Калькутта, Индия

Fifth Edition subsumed “shared psychotic disorder” under “other specified schizophrenia spectrum and other psychotic disorder”, the International Classification of Diseases 10th Revision (ICD-10) retains the entity of induced delusional disorder (F24), and ICD-11 continues to recognize related phenomena under schizophrenia spectrum conditions [5].

In our series, Case A most closely met criteria for a primary delusional disorder with persecutory themes rather than schizophrenia, given the absence of persistent negative symptoms, disorganization, or cognitive decline. Cases B and C demonstrated symptom emergence temporally linked to psychological dependence on Case A, with rapid partial remission following separation and treatment — features classically associated with induced psychosis [6]. This diagnostic reasoning aligns with prior systematic reviews showing that inducers most commonly have delusional disorder or schizophrenia spectrum conditions, while recipients exhibit suggestibility and psychological dependency [6, 7].

On exclusion of secondary psychotic syndromes

We fully concur that secondary causes must be excluded before attributing psychosis to a primary disorder. All three patients underwent comprehensive clinical evaluation, including metabolic screening, thyroid profiling, vitamin levels (with correction where indicated), substance use assessment, and neuroimaging where clinically warranted. No neurological signs, fluctuating consciousness, autonomic

instability, or systemic features suggestive of autoimmune or infectious encephalitis were present. Current guidelines emphasize a probability-guided diagnostic workup, reserving extensive investigations (e.g., lumbar puncture, neuronal antibody panels) for cases with red flags or atypical features [8]. In the absence of such indicators, our evaluation was consistent with accepted standards of care [8, 9].

On the conceptualization of “digital” shared psychosis

The correspondents question whether the diagnosis of idiopathic shared psychosis may be premature. We wish to clarify that our central claim was not that the disorder was idiopathic, but that the mechanism of delusional transmission occurred in the absence of physical proximity, mediated instead by sustained digital interaction. The possible intersections have been discussed in detail in our original paper. Shared psychosis has historically required prolonged interpersonal closeness; however, emerging literature in digital psychiatry demonstrates that immersive online environments can generate comparable emotional intensity, identity fusion, and reinforcement dynamics [10]. In this sense, our report extends, rather than replaces classical models of folie à deux by proposing that psychological proximity in the digital era may functionally substitute for geographical cohabitation.

On therapeutic separation and recovery

The improvement of recipients following temporary separation from the inducer is well documented in earlier and contemporary literature [6, 11]. In our cases, structured digital abstinence during the acute phase was associated with accelerated reduction in persecutory intensity in Cases B and C. While antipsychotic medication was administered in all three cases, differential trajectories of insight recovery support classical observations that recipients often demonstrate more rapid improvement once environmental reinforcement is interrupted [11].

In conclusion, we appreciate the authors’ emphasis on rigorous differential diagnosis and nosological precision. Our intent was to contribute to the evolving understanding of how shared psychosis may manifest within digitally mediated social ecosystems. We hope this exchange stimulates further empirical research on the intersection between digital environments and psychotic phenomena.

Article history

Submitted: 6 Mar. 2026

Accepted: 7 Mar. 2026

Published Online: 18 Mar. 2026

Funding: The research was carried out without additional funding.

Conflict of interest: The author declares no conflicts of interest.

Generative AI use statement: During the preparation of this work, the authors used Grammarly tool in order to check spelling/grammar. After using this tool, the author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

For citation:

Banerjee D. Response to the Letter to the Editor Titled «Secondary Psychotic Syndromes Should Be Excluded before Assuming Idiopathic Digital “Folie à Trois”». *Consortium PSYCHIATRICUM*. 2026;7(1):CP15846. doi: 10.17816/CP15846

Information about the author

***Debanjan Banerjee**, MBBS, MD (Psychiatry), DM (Geriatric Psychiatry), Consultant old-age psychiatrist, APOLLO Multispecialty Hospitals India; ORCID: 0000-0001-8152-9798, Scopus Author ID: 57191832268
E-mail: dr.djan88@gmail.com

*corresponding author

References

1. Gama-Marques J. Secondary Psychotic Syndromes Should Be Excluded Before Assuming Idiopathic Digital “Folie à Trois”. *Consortium PSYCHIATRICUM*. 2026;7(1):CP15802. doi: 10.17816/CP15802
2. Banerjee D. Shared Psychotic Disorder in the Digital Age: A Case Series of Virtual “Folie à Trois”. *Consortium PSYCHIATRICUM*. 2025;6(3):CP15689. doi: 10.17816/CP15689
3. Kane JM, Correll CU. Pharmacologic treatment of schizophrenia. *Dialogues Clin Neurosci*. 2010;12(3):345–357. doi: 10.31887/DCNS.2010.12.3/jkane
4. Leucht S, Cipriani A, Spineli L, et al. Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: a multiple-treatments meta-analysis. *Lancet*. 2013;382(9896):951–962. doi: 10.1016/S0140-6736(13)60733-3
5. World Health Organization. *International Classification of Diseases 11th Revision (ICD-11)*. Geneva: WHO; 2019.
6. Silveira JM, Seeman MV. Shared psychotic disorder: a critical review of the literature. *Can J Psychiatry*. 1995;40(7):389–395.

7. Arnone D, Patel A, Tan GM. The nosological significance of folie à deux: a review of the literature. *Ann Gen Psychiatry*. 2006;5:11. doi: 10.1186/1744-859X-5-11
 8. Keepers GA, Fochtman LJ, Anzia JM, et al. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *Am J Psychiatry*. 2020;177(9):868–872. doi: 10.1176/appi.ajp.2020.177901
 9. Keshavan MS, Kaneko Y. Secondary psychoses: an update. *World Psychiatry*. 2013;12(1):4–15. doi: 10.1002/wps.20001
 10. Torous J, Bucci S, Bell IH, et al. The growing field of digital psychiatry: current evidence and the future of apps, social media, chatbots, and virtual reality. *World Psychiatry*. 2021;20(3):318–335. doi: 10.1002/wps.20883
 11. Vigo L, Ilzarbe D, Baeza I, et al. Shared psychotic disorder in children and young people: a systematic review. *Eur Child Adolesc Psychiatry*. 2019;28(12):1555–1566. doi: 10.1007/s00787-018-1236-7
-