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Od heteroanamneze do dijagnoze inducirane psihoze

/ From Collateral History to a Diagnosis of Induced Psychosis

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Cilj: Prikazati važnost heteroanamneze u dijagnostičkom procesu psihotičnih poremećaja prikazom bolesnika kod kojega je upravo razgovor s članom obitelji usmjerio kliničko promišljanje prema mogućoj induciranoj psihozi. Materijali i metode: Prikaz bolesnika prvi put hospitaliziranog zbog paranoidnih sumanutih ideja. Pri prijemu je navodio višegodišnje uvjerenje da je izložen kibernetičkim napadima, praćenju i kontroli putem umjetne inteligencije te da su mu nepoznate osobe provalile u mobilni uređaj s ciljem otuđenja podataka i imovine, a sve povezano s njegovim ratnim iskustvom. Dio somatskih tegoba pripisivao je djelovanju istih počinitelja. Tijekom hospitalizacije učinjena je psihijatrijska obrada, psihologijsko testiranje i heteroanamnestički razgovor sa suprugom. Statistička obrada: Nije primjenjiva.

Objective: To present the importance of collateral history in the diagnostic process of psychotic disorders by describing a patient in whom the interview with a family member directed clinical thinking toward a possible induced psychosis. Materials and methods: Case report of a patient hospitalized for the first time due to paranoid delusional ideas. At admission, he reported a years-long conviction that he was exposed to cyberattacks, surveillance, and control via artificial intelligence, and that unknown persons had hacked his mobile device with the aim of stealing data and property, all of which he linked to his war experience. He attributed part of his somatic complaints to the actions of the same perpetrators. During hospitalization, a psychiatric workup, psychological testing, and a collateral interview with his wife were performed. Statistical analysis: Not applicable. Results: At admission, a working diag-

Rezultati: Pri prijemu je postavljena radna dijagnoza perzistirajućeg sumanutog poremećaja. Psihičkim statusom dominirale su sustavno razrađene paranoidne sumanutosti, uz očuvanu orijentiranost, formom uredan tijek mišljenja i izostanak halucinacija. Psihologijskim testiranjem, unatoč disimulaciji, utvrđeni su izraženi paranoidni sadržaji, povišen indeks psihotičnosti i slab uvid. Heteroanamnezom od supruge ustanovi se da ona tvrdi da je i sama svjedočila opisanim događajima te da liječnici „ne mogu razumjeti" situaciju jer to mogu razumjeti samo vojni liječnici. Takvi nalazi pobudili su sumnju na inducirani sumanuti poremećaj (*folie à deux*). Tijekom dvotjedne hospitalizacije, uz antipsihotičnu terapiju, došlo je do povlačenja spontane psihotične produkcije i urednog ponašanja, no uvid u bolest ostao je znatno snižen, a bolesnik i supruga nastavili su negirati postojanje psihičkog poremećaja. Nakon otpusta bolesnik se nije javljao na preporučene kontrole. Zaključak: Prikaz ističe ključnu ulogu heteroanamneze u psihijatrijskoj dijagnostici. Podatak da bliska osoba dijeli i održava bolesnikova sumanuta uvjerenja pobudio je sumnju na inducirani sumanuti poremećaj (*folie à deux*), što je znatno utjecalo na dijagnostičko promišljanje. Slučaj naglašava važnost sustavnog prikupljanja podataka od članova obitelji, ali i kritičke procjene njihove vjerodostojnosti, osobito kada dijele i podržavaju bolesnikova sumanuta uvjerenja.

nosis of persistent delusional disorder was made. His mental status was dominated by systematically elaborated paranoid delusions, with preserved orientation, formally coherent thought, and absence of hallucinations. Psychological testing, despite dissimulation, revealed pronounced paranoid content, an elevated psychoticism index, and poor insight. Collateral history from his wife revealed that she claimed to have herself witnessed the described events and stated that doctors "cannot understand" the situation because only military doctors can understand it. These findings raised suspicion of an induced delusional disorder (*folie à deux*). During two weeks of hospitalization, with antipsychotic treatment, there was a withdrawal of spontaneous psychotic production and normalization of behavior, but insight into illness remained markedly reduced, and the patient and his wife continued to deny the existence of a mental disorder. After discharge, the patient did not attend the recommended follow-up appointments. Conclusion: This report highlights the key role of collateral history in psychiatric diagnostics. The information that a close person shares and maintains the patient's delusional beliefs raised suspicion of an induced delusional disorder (*folie à deux*), which significantly influenced the diagnostic reasoning. The case underscores the importance of systematically collecting information from family members, as well as critically assessing their credibility, especially when they share and support the patient's delusional beliefs.