CHAPTER **14**

Factitious Disorder Imposed on Self

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HISTORY

Factitious disorder imposed on self, more commonly known as Munchausen syndrome, was first coined in 1951. Richard Asher first described the syndrome in his article in *The Lancet* (1). In the article he described a pattern of self harm, where an individual fabricated histories, as well as signs and symptoms of illness. Due to patients' accounts of elaborate travel, as well as an uncanny ability to tell dramatic and untruthful stories, he named this syndrome after Baron von Munchausen. A German nobleman Hieronymus Karl Friedrich Freiherr von Munchausen fought for the Russian Empire in the Russo-Turkish War. After retirement he developed a following among the German aristocrats for his embellishment of tales based on his military career. In 1785, German writer Rudolf Erich, created Baron Munchausen, whose character is loosely based on Freiherr von Munchausen.

INTRODUCTION

Factitious disorder imposed on self is characterized by falsified general medical or psychiatric symptoms (2). A person repeatedly acts as if they have an emotional, cognitive, or physical disorder, but they have caused these symptoms. Most symptoms elicited by these people relate to a physical illness. Patients generate these symptoms in the absence of obvious external rewards, such as housing, medications, or financial gain. Factitious disorder was originally called Munchausen syndrome. This name now refers to the more severe form of factitious disorder (3).

EPIDEMIOLOGY AND PATHOGENESIS

Prevalence of this disorder is hard to estimate due to denial. Also, when patients are confronted they seem to find treatment elsewhere (4). In the general population, the prevalence is estimated to be about 0.1 percent (5). In clinical settings, this rises to about 1 percent (6). Children have been identified with the disorder; however, it is more commonly seen in the third or fourth decade of life (6). This disorder typically affects unmarried individuals, healthcare workers, and females.

The exact cause of factitious disorder is not known. Researchers believe that psychological and biological factors have a role in the development of this syndrome. In particular, psychosocial factors seem to play a crucial part in this syndrome. Losing a loved one through sickness or death, or experiencing some other traumatic event can all lead to development of this disorder. Neurocognitive as well as neuroimaging studies are currently being conducted to identify any abnormalities.

SYMPTOMS AND DIAGNOSIS

Patients with factitious disorder may feign medical or psychiatric symptoms or illnesses (7). Even though patients may feign a symptom, they believe they have a medical illness. Any type of symptom or disease may be simulated or induced. The more common ones include abdominal pain, chest pain, hypoglycemia, infections, or seizures. Common factitious psychiatric symptoms include depression, psychosis, and suicidal ideation (7). A key feature of factitious disorder is deception. There are several documented examples of how patients have feigned illnesses or symptoms (1). Some examples include aggravating an existing illness by not taking the appropriate medications as prescribed, forging medical records, or tampering with tests or medical instruments.

There is no specific diagnostic test for factitious disorder. Diagnosis requires the presence of falsified medical or psychological symptoms. If evidence is obtained, this can help demonstrate that the patient is taking deceptive actions. Examples of evidence include if a patient is caught in the act of inducing illness, tampering with records, or if a medical record analysis leads to inconsistencies. Also, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has established some criteria for diagnosing factitious disorder.

TREATMENT

Treatment for this disorder has proven to be difficult with poor outcomes (8). The first goal of treatment is to modify the person's behavior and reduce the misuse or overuse of medical resources. This can start by reducing care of the patient to only one or two physicians. There are no medicines that help in treating factitious disorder. The primary treatment for patients with factitious disorder is a form of counseling known as psychotherapy. The treatment focuses on changing the behavior and thinking of the individual.

Even though the incidence is very low, as health professionals, we should be aware of this disorder. If a patient comes in to the clinic demanding surgery or has recurrent emergency room visits, these are flags that should make us

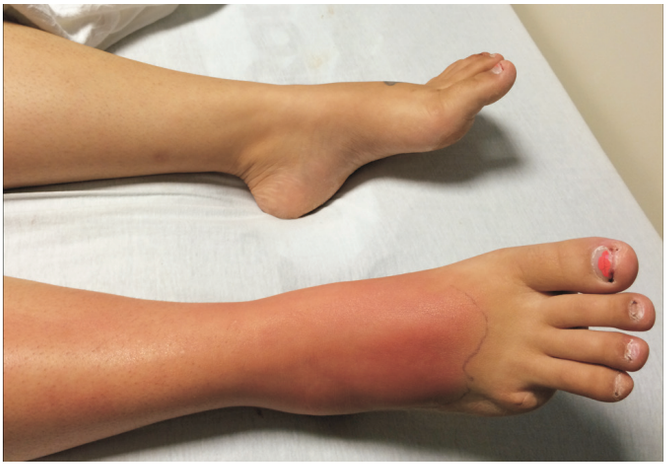

Figure 1. Female, mid-twenties, presented to the emergency room with a case of cellulitis. Laboratory results were normal but she was started on intravenous antibiotics due to pain and erythema.

more cautious. Identification requires a team approach with the purpose of helping the patient come to terms with the disorder and guiding them to receive appropriate medical attention.

REFERENCES

1. Asher R. Munchausen's Syndrome. Lancet 1951;1:339.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association, Arlington, VA 2013.
3. McCullumsmith CB, Ford CV. Simulated illness: the factitious disorders and malingering. Psch Clin North Am 2011; 34:621.
4. Fehnel CR et al. Munchausen's syndrome with 20 year follow-up. Am J Psychiatry 2006; 163:547.
5. Faravelli C et al. Lifetime prevalence of psychiatric disorders in an Italian community sample using interviewers. Psychother Psychosom 2004;73:216.
6. Bass C et al. Factitious disorders and malingering: challenges for clinical assessment and management. Lancet 2014;383:1422.
7. Wang DL et al.Factitious disorder. Kaplan and Saddock's Comprehensive Textbook of Psychiatry. Ninth Edition, Lippincott Williams and Wilkins, Phil 2009. Vol 1, 1949.
8. Huffman JC et al. The diagnosis and treatment of Munchausen's syndrome. Gen Hosp Psych 2003;25:358.

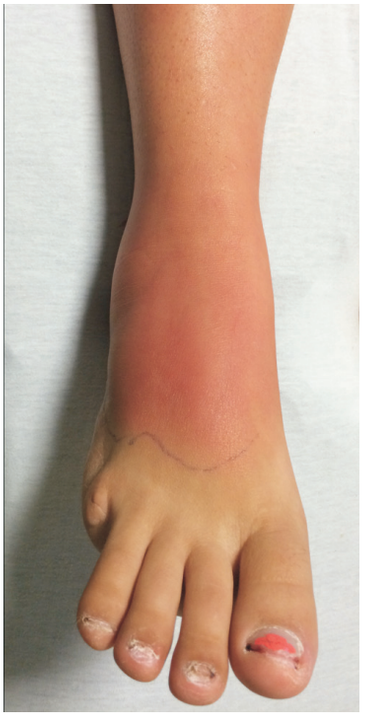

Figure 2. After several days of intravenous antibiotics, erythema is still present with no improvement. Podiatry consult was placed and the patient was noted to have been applying make-up to her extremity. Psychiatric consult was requested.