Factitious Illness and Malingering

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Factitious Disorders: Definition

• Not real, genuine, or natural

• Characterized by:
  – Physical or psychological symptoms that are produced by the individual and are under voluntary control

• Behavior:
  – Acts have a compulsive quality
Diagnostic Categories

• Factitious disorder with psychological symptoms
• Chronic factitious disorder with physical symptoms (Munchausen’s syndrome)
• Atypical factitious disorder with physical symptoms
Factitious Disorder with Psychological Symptoms: Criteria

• Psychological symptoms are apparently under the individual’s voluntary control
• Symptoms are not explained by any other mental disorder  
  – but may be superimposed on one
• The goal is to assume the “patient role”  
  – it is not otherwise understandable in light of the environmental circumstances (e.g., malingering)
Factitious Disorder with Psychological Symptoms: Features

- Pan-symptomatic complex of psychological symptoms
  - worse when observed
- Claims of memory loss, hallucinations, dissociation, or suicidal ideation
- Suggestibility to addition of symptoms
- Provision of approximate answers
- Strong linkage with personality disorders and substance abuse
Factitious Disorder with Psychological Symptoms: Differential Diagnosis

- Dementia
- Psychosis
- Brief reactive psychosis
- Schizophreniform disorder
- Malingering
Chronic Factitious Disorder with Physical Symptoms

• Munchausen’s syndrome
  – First described by Asher in 1951 (Lancet)
  – Dedicated to Baron von Munchausen

• Alternative labels
  – Hospital hoboes
  – Hospital addicts
  – Malingerers
  – Kopenickades
  – Sufferers of Ahasuerus syndrome
Munchausen’s Syndrome: Characteristic Features

- Laparotomophilia migrans
- Hemmoraghia histrionica
- Neurologica diabolica
- Dermatitis autogenica
- Hyperpyrexia figmentatica
Munchausen’s Syndrome: Useful Pointers

- Multiplicity of scars
- Truculence and evasiveness
- Acute, but not entirely convincing, history
- Wallet with hospital cards
- Time of presentation that predicts care by less experienced staff
Munchausen’s Syndrome: Possible Motives (per Asher)

• Desire to be the center of attention
• Grudge against doctors and hospitals
• Desire for drugs
• Desire to escape from the police
• Desire for free room and board
Munchausen’s Syndrome: Differential Diagnosis

- True physical disorder
- Somatoform disorder
- Hysteria
- Malingering
- Schizophrenia
- Personality disorder
  - Antisocial or borderline
Munchausen’s Syndrome: Dynamics... A Need to Explain...

• Posing and pseudologia fantastica
• Medical arena for presentation
  – Physicians often central figures in childhood
  – Often works in medical profession
• Rootless wandering
  – Search for lost primary love object
• Masochistic self-injury
  – Identification with the aggressor
  – Mastery over early trauma
Munchausen’s Syndrome: Hospital Course

- Dramatic presentation
- Physicians mobilized
- Demands for attention
- Ambivalence manifest
- Hoax is discovered
- Anger erupts
- Discharge AMA without psychiatric consultation
Munchausen’s Syndrome: The MGH Experience

• General description
  – A lightning rod effect for similar cases

• Case examples
  – Gas gangrene
  – Insulinoma
  – Pheochromocytoma
  – Brain abscess
Munchausen’s Syndrome: Treatment

• Universal remedy
  – Till Eulenspiegel (1515)

• Create a rogues gallery

• Invite participation as pseudodoctors

• Apply psychotherapeutic principles
  – Be aware of countertransference

• Encourage psychiatric consultation
  – Attempt to prevent further harm
Munchausen’s Syndrome: Diagnostic Criteria

• Plausible presentation of physical symptoms
  – Under the individual’s voluntary control
  – Leading to multiple hospitalizations
• The individual’s goal is to assume the patient role
  – Not a manifestation of malingering
Moving forward: Conclusion

• Be prepared:
  – To make the diagnosis
  – To identify and manage countertransference reactions
  – To prevent further harm to the patient
Suggested References


Suggested References


• Gelenberg AJ: Munchausen syndrome with a psychiatric presentation. Dis Nerv Syst 38: 378-380; 1977

Thank you..

• Questions?
• Comments?