

Factitious Illness and Malingering

Theodore A. Stern, MD

Chief Emeritus, Avery D. Weisman Psychiatry Consultation Service, Director, Thomas P. Hackett Center for Scholarship in Psychosomatic Medicine, Director, Office for Clinical Careers, Massachusetts General Hospital; Ned H. Cassem Professor of Psychiatry in the field of Psychosomatic Medicine/Consultation, Harvard Medical School; Editor-in-Chief, *Psychosomatics*

Disclosures

If you have disclosures, state:

My spouse/partner and I have the following relevant financial relationship with a commercial interest to disclose:

Editor of Psychosomatics: Academy of Consultation-Liaison Psychiatry Royalties: Elsevier



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

- Calabrese LV, Stern TA: The patient with multiple physical complaints. In, Stern TA, Herman JB, Slavin PL, eds., <u>The MGH</u> <u>Guide to Primary Care Psychiatry, 2nd Edition</u>. McGraw-Hill, New York, 2004: 269-278.
- Vaduganathan M, McCullough SA, Fraser TN, Stern TA: Death due to Munchausen syndrome: A case of idiopathic recurrent right ventricular failure and a review of the literature. Psychosomatics 2014; 55 (6): 668-672.
- Phillips CT, Gavin MC, Luptakova K, Reynolds EE, Stern TA, Tapper EB: Chest pain suggestive of a life-threatening condition: A Department of Medicine Morbidity and Mortality Conference. Psychosomatics 2016; 57 (1): 89-96.



Suggested References

- Asher R: Munchausen's syndrome. Lancet 1: 339-341; 1951.
- Cramer B, Gershberg MP, Stern M: Munchausen syndrome. Arch Gen Psychiatry 24: 573-578; 1971.
- Gelenberg AJ: Munchausen syndrome with a psychiatric presentation. Dis Nerv Syst 38: 378-380; 1977
- Stern TA: Munchausen's syndrome revisited. Psychosomatics 21: 329-336; 1980.



Thank you..

- Questions?
- Comments?

