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,
Massachusetts General Hospital;
Ned H. Cassem Professor of Psychiatry in the field of Psychosomatic
Medicine/Consultation,
Harvard Medical School;
Editor-in-Chief Emeritus, Psychosomatics
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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?