



Factitious Illness and Malingering

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Disclosures

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

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., The MGH Guide to Primary Care Psychiatry, 2nd Edition. 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?