
Factitious Disorder

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Introduction: People with factitious disorder aren't merely "faking it" — they go to great lengths to make themselves or others appear ill. Their behaviors may involve significant self-harm or other extreme behaviors to sustain the illusion of illness. This used to be known by the term “Munchausen disorder.”

Diagnostic Criteria

Here are the DSM-5's criteria:

- Deliberate falsification of physical or psychological symptoms or induction of injury or disease.
- Presentation as ill, impaired, or injured.
- No apparent external rewards for the behavior.
- The behavior isn't better explained by another mental disorder.

Differential diagnosis

- **Somatic Symptom Disorder (SSD):** This condition is characterized by an extreme focus on physical symptoms—such as pain or fatigue—that causes significant distress and functional impairment. The symptoms aren't intentionally produced.
- **Illness Anxiety Disorder (formerly hypochondriasis):** Individuals are preoccupied with having or getting a serious disease, despite having no or only mild symptoms. They frequently seek medical reassurance
- **Conversion Disorder (Functional Neurological Symptom Disorder):** Patients show neurological symptoms like paralysis, blindness, or seizures that can't be traced back to a medical cause. The symptoms aren't under the patient's conscious control.
- **Malingering:** While both factitious disorder and malingering involve the exaggeration or fabrication of symptoms, malingering is motivated by external gains—like financial benefits or avoiding work. Factitious disorder, in contrast, is rooted in a complex emotional need to assume the "sick role."

Key Variant

- **Factitious Disorder imposed on Another (FDIA):** Formerly known as Munchausen by Proxy, this variant involves a caregiver inducing illness in another, often a child.

Diagnostic Tips

- **Medical History Review:** Check for inconsistencies in medical records, eg., may have presented with vastly different symptoms during recent visits to emergency rooms, such as chest pain at one and seizures at another.
- **Consult with Specialists:** Multiple perspectives can reveal inconsistencies, eg., records from a neurologist may reveal a negative workup for patient's complaint of seizures.
- **Patient Behavior:** The patient may seem unusually eager to undergo extensive workups and/or treatments and may appear to deteriorate when you raise the prospect of hospital discharge.
- **Lab Tests:** can reveal evidence contradicting reported symptoms. For instance, in cases where patients claim to have chronic diarrhea, stool samples might show traces of laxatives; or tests in non-diabetic hypoglycemia cases might indicate externally administered insulin.

Management

- **Multidisciplinary Team:** Include psychologists (to address underlying psychological needs and motivations of the patient), nurses (who spend more time with the patient and whose observations can be crucial in detecting factitious behaviors), and possibly legal advisors (especially important in factitious disorder imposed on others, such as on children).
- **Confrontation:** Confronting these patients is a pivotal part of treatment. When confronting, be prepared with concrete evidence of the deceptive behaviors, but also maintain a tactful, non-accusatory approach, emphasizing your concern for their well being.

- **Therapeutic Intervention:** Cognitive behavioral therapy (CBT) can be helpful, with a focus on identifying triggers for the deceptive behaviors, developing coping mechanisms, and building healthier ways to seek attention or cope with stress.

Risks and Complications

- **Self-Harm:** Patients may go to extremes to appear ill, including taking harmful substances or causing physical injuries to themselves.
- **Harm to others:** in cases of FDIA, there is a risk of harm to the person being made to appear ill.
- **Resistance to Psychiatric Evaluation:** Patients are often in denial about their psychiatric needs.

Legal Aspects:

You may need to consider legal action in severe cases, especially involving Munchausen by proxy, where a caregiver is making someone else ill. It's also possible that patients could harm themselves significantly enough to necessitate legal interventions for their safety.