

HOSPITAL PHYSICIAN®

PSYCHIATRY BOARD REVIEW MANUAL

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The *Hospital Physician Psychiatry Board Review Manual* is a study guide for residents and practicing physicians preparing for board examinations in psychiatry. Each manual reviews a topic essential to the current practice of psychiatry.

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Factitious Disorder

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Factitious Disorder

Josephine de Guzman, MD, and Terry Correll, DO

INTRODUCTION

Factitious disorder has been described as “both disease and deception, presenting one of the most challenging (and potentially vexing) variants of psychopathology in medical experience.”¹ Indeed, factitious disorders can be exasperating to the physician and treatment team, as patients with these disorders consume valuable time, resources, and energy. However, a deeper understanding of this disorder reveals that patients are powerfully compelled to appear ill and have little insight into their behaviors.

Individuals who create, amplify, or feign symptoms of illness can be categorized as having either somatoform disorder, factitious disorder, or malingering (**Table 1**). Patients with somatoform disorders unconsciously produce symptoms for an unconscious psychologic benefit (eg, “paralysis” preventing the patient from acting on an urge to harm another individual). On the other end of the spectrum is malingering, where an individual intentionally produces symptoms for external gain (ie, money, shelter, narcotics, or excuse from duties). Factitious disorders fall somewhere in the middle, where patients consciously create symptoms not for external gain but for the sole purpose of assuming the sick role and the associated “privileges” that result.

There are records of individuals feigning illness as early as biblical times and in ancient Greece.² In 1838, Gavin³ described medical and psychologic ruses put on by soldiers and seamen. Most sought discharge from the military or relief from unpleasant duties, but a small portion seemed driven simply “to excite compassion or interest.” In 1951, Asher⁴ brought factitious illness into general medical knowledge and coined the term “Munchausen’s syndrome” after Baron von Munchausen, a retired German cavalry officer known to tell dramatic, exaggerated stories about his travels. Asher described individuals wandering from hospital to hospital subjecting themselves to multiple operations and procedures. Factitious illnesses have evolved with time. Factitious cases of AIDS appeared a few years after the disease was first described,⁵ and with the advent of the internet, there are reports of individuals offering false

stories of illness to online support groups to garner attention and sympathy.⁶

CASE

A 35-year-old man presents to the emergency department with hypoglycemia. He reports a 13-year history of diabetes and states that he accidentally gave himself 250 U of insulin glargine because he used the wrong syringe. He denies suicidal intent, stating “I didn’t do this on purpose. I don’t want to die. I have a nice life, a nice girlfriend, friends, and a good job.” He states that he currently works as a professional singer but previously worked as a nurse for 3 years and quit because it was “too stressful.” Review of past medical records reveals 12 admissions in the past 7 years to different area hospitals with similar presentations.

On this admission, the patient is found to have an infected central line. The patient claims that the line was placed during a recent hospitalization for long-term intravenous antibiotic treatment of osteomyelitis in his right foot. Magnetic resonance imaging of the foot is performed and reveals no evidence of osteomyelitis. Further psychiatric history reveals a history of emotional and physical abuse by his stepfather and grandfather.

The patient’s blood glucose levels are stabilized, and he is discharged after 5 days with a referral to a psychiatrist for outpatient psychotherapy. Review of subsequent records revealed 2 additional admissions in the next 6 months for repeated self-injection of insulin.

DEFINITION

The DSM-IV-TR diagnostic criteria for factitious disorder are outlined in **Table 2**.⁷ Factitious disorder not otherwise specified includes patients with factitious symptoms but who do not meet the criteria for factitious disorder. Included in this category is factitious disorder by proxy, commonly known as Munchausen’s by proxy, in which an individual creates symptoms in another person as a way to assume the sick role (**Table 3**).