

An Overview of Factitious Disorders

What are factitious disorders?

Mental illness describes abnormal cognitive or emotional patterns related to how a person thinks, feels, acts, and/or relates to others and his or her surroundings. Factitious disorders are mental disorders in which a person acts as if he or she has a physical or mental illness when, in fact, he or she has consciously created his or her symptoms. (The name factitious comes from the Latin word for "artificial.")

People with factitious disorders deliberately create or exaggerate symptoms of an illness in several ways. They may lie about or mimic symptoms, hurt themselves to bring on symptoms, or alter diagnostic tests (such as contaminating a urine sample). People with factitious disorders have an inner need to be seen as ill or injured, but not to achieve a concrete benefit, such as a financial gain. People with factitious disorders are even willing to undergo painful or risky tests and operations in order to obtain the sympathy and special attention given to people who are truly ill. Factitious disorders are considered mental illnesses because they are associated with severe emotional difficulties.

Many people with factitious disorders also suffer from other mental disorders, particularly personality disorders. People with personality disorders have long-standing patterns of thinking and acting that differ from what society considers usual or normal. People with personality disorders generally also have poor coping skills and problems forming healthy relationships.

Factitious disorders are similar to another group of mental disorders called somatoform disorders, which also involve the presence of symptoms that are not due to actual physical illnesses. The main difference between the two groups of disorders is that people with somatoform disorders do not intentionally fake symptoms or mislead others about their symptoms. Similarly, the behavior of people with factitious disorders is not malingering, a term that refers to faking illness for financial gain (such as to collect insurance money), food or shelter, or to avoid criminal prosecution or other responsibilities.

Types of factitious disorders

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), which is the standard reference book for recognized mental illnesses in the United States, organizes factitious disorders into four main types:

Factitious disorder with mostly psychological symptoms — As the description implies, people with this disorder mimic behavior that is typical of a mental illness, such as schizophrenia. They may appear confused, make absurd statements, and report hallucinations (the experience of sensing things that are not there; for example, hearing voices). Ganser syndrome, sometimes called prison psychosis, is a factitious disorder that was first observed in prisoners. People with Ganser syndrome have short-term episodes of bizarre behavior that appear similar to serious mental illnesses.

Factitious disorder with mostly physical symptoms — People with this disorder claim to have symptoms related to a physical illness--symptoms such as chest pain, stomach problems, or fever. This disorder is sometimes referred to as Munchausen syndrome, named for Baron von Munchausen, an 18th century German officer who was known for embellishing the stories of his life and experiences. **NOTE:** Although Munchausen syndrome most properly refers to a factitious disorder with physical symptoms, the term is sometimes used to refer to factitious disorders in general.

Factitious disorder with both psychological and physical symptoms — People with this disorder report symptoms of both physical and mental illness.

Factitious disorder not otherwise specified — This type includes a disorder called factitious disorder by proxy (also called Munchausen syndrome by proxy). People with this disorder produce or fabricate symptoms of illness in another person under their care. It most often occurs in mothers (although it can occur in fathers) who intentionally harm their children in order to receive attention. (The term "by proxy" means "through a substitute.")

What are the symptoms of factitious disorders?

Possible warning signs of factitious disorders include the following:

- Dramatic but inconsistent medical history
- Unclear symptoms that are not controllable, become more severe, or change once treatment has begun
- Predictable relapses following improvement in the condition
- Extensive knowledge of hospitals and/or medical terminology, as well as the textbook descriptions of illness
- Presence of many surgical scars
- Appearance of new or additional symptoms following negative test results
- Presence of symptoms only when the patient is alone or not being observed
- Willingness or eagerness to have medical tests, operations, or other procedures
- History of seeking treatment at many hospitals, clinics, and doctors' offices, possibly even in different cities

- Reluctance by the patient to allow health care professionals to meet with or talk to family members, friends, and prior health care providers

What causes factitious disorders?

The exact cause of factitious disorders is not known, but researchers believe both biological and psychological factors play a role in the development of these disorders. Some theories suggest that a history of abuse or neglect as a child, or a history of frequent illnesses in themselves or family that required hospitalization, may be factors in the development of the disorder.

How common are factitious disorders?

There are no reliable statistics regarding the number of people in the United States who suffer from factitious disorders. Obtaining accurate statistics is difficult because dishonesty is common with this disorder. In addition, people with factitious disorders tend to seek treatment at many different health care facilities, resulting in statistics that are misleading.

While Munchausen syndrome can occur in children, it most often affects young adults.

How are factitious disorders diagnosed?

Due to the dishonesty involved, diagnosing factitious disorders is very difficult. In addition, doctors must rule out any possible physical and mental illnesses, and often use a variety of diagnostic tests and procedures before considering a diagnosis of factitious disorder.

If the health care provider finds no physical reason for the symptoms, he or she may refer the person to a psychiatrist or psychologist -- mental health professionals who are specially trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use thorough history, physical, laboratory tests, imagery, and psychological testing to evaluate a person for Munchausen syndrome. The doctor bases his or her diagnosis on the exclusion of actual physical or mental illness, and his or her observation of the patient's attitude and behavior.

Questions to be answered include:

- Do the patient's reported symptoms make sense in the context of all test results and assessments?
- Do we have collateral information from other sources that confirm the patient's information? (If the patient does not allow this, this is a helpful clue.)

- Is the patient more willing to take the risk for more procedures and tests than you would expect?
- Are treatments working in a predictable way?

The doctor then determines if the patient's symptoms point to Munchausen syndrome as outlined in DSM-IV.

How are factitious disorders treated?

The first goal of treatment is to modify the person's behavior and reduce his or her misuse or overuse of medical resources. In the case of factitious disorder by proxy, the main goal is to ensure the safety and protection of any real or potential victims. Once the initial goal is met, treatment aims to resolve any underlying psychological issues that may be causing the person's behavior or help them find solutions to housing or other social needs.

The primary treatment for factitious disorders is psychotherapy (a type of counseling). Treatment likely will focus on changing the thinking and behavior of the individual with the disorder (cognitive-behavioral therapy). Family therapy also may be helpful in teaching family members not to reward or reinforce the behavior of the person with the disorder.

There are no medications to actually treat factitious disorders. Medication may be used, however, to treat any related disorder, such as depression or anxiety. The use of medications must be carefully monitored in people with factitious disorders due to the risk that the drugs may never be picked up from the pharmacy or may be used in a harmful way.

What are the complications of factitious disorders?

People with factitious disorders are at risk for health problems associated with hurting themselves by causing symptoms. In addition, they may suffer health problems related to multiple tests, procedures, and treatments, and are at high risk for substance abuse and suicide attempts. A complication of factitious disorder by proxy is the abuse and potential death of the victims.

What is the prognosis (outlook) for people with factitious disorders?

Some people with factitious disorders suffer one or two brief episodes of symptoms. In most cases, however, factitious disorder is a chronic, or long-term, condition that can be very difficult to treat. Additionally, many people with factitious disorders deny they are faking symptoms and will not seek or follow treatment.

