

Factitious Disorder Imposed On Self After Being a Victim of Factitious Disorder Imposed On Another

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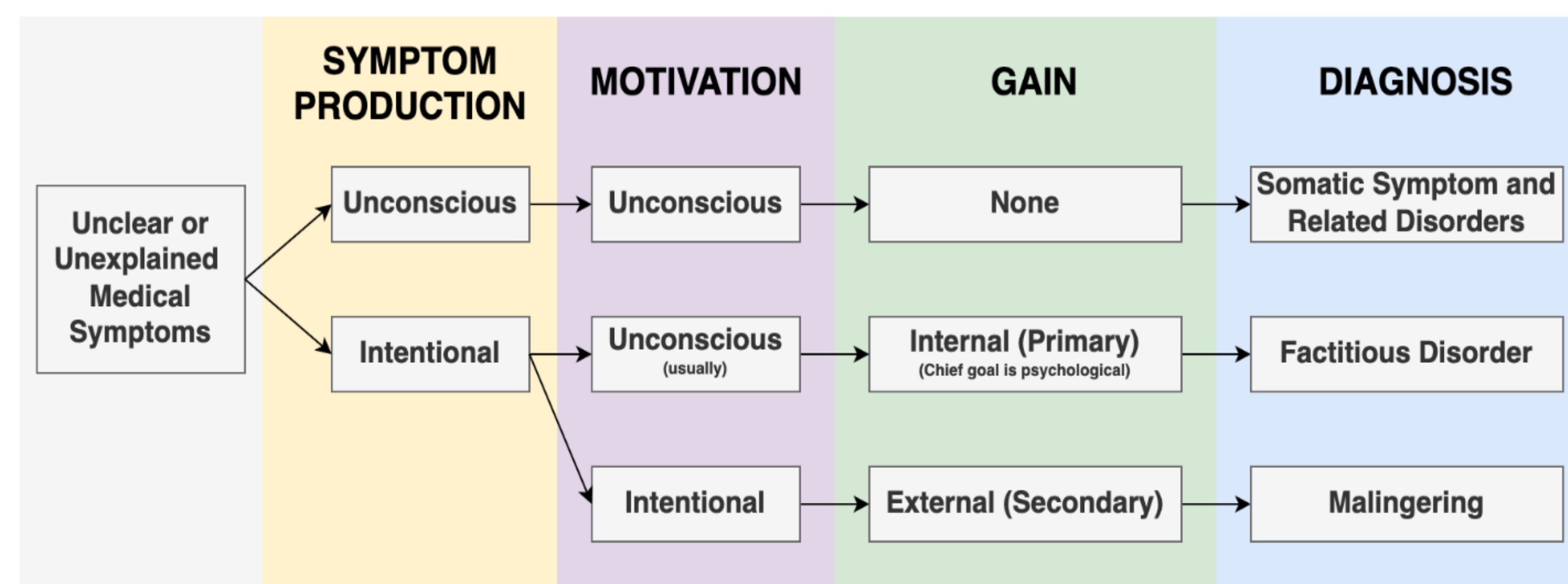
Discussion

- This case demonstrates both the physical and psychological sequelae of prolonged abuse. The patient continued opposition towards diagnostic tests and treatments despite mother's removal.
- Protracted abuse can extend well past childhood for some victims. Even adult victims may not always be aware of the abuse.
- Early identification of nefarious behavior by individuals close to patient could lessen victimization and possible death.
- This case prompts further analysis and discussion of how being a victim of severe Factitious Disorder Imposed On Another impacts development of Factitious Disorder Imposed on Self. This can be difficult as a core feature of the illnesses is deceit.³

Literature Review

- 91% of perpetrators were female, 28% of cases had a perpetrator with a psychiatric diagnosis including factitious disorder imposed on self, depression, and personality disorders. 17% of cases had perpetrators working in healthcare.¹
- Permanent physical harm can include blindness, altered gut function, brain damage, hearing loss, scarring, removal of organs, surgical alteration of anatomy, limbs, as well as death.⁴
- Most common outcomes included: separation (37%), no follow-up (22%), imprisonment (14%), death of victim (12%), treatment of perpetrator (10%), continued living together (4%), and suicide of perpetrator (1%). Awareness of these common findings can help clinicians identify perpetrators.^{1,2}
- Victims who survive are often left with severe psychological damage and significant confusion about their health and relationships.⁴

COMPARISON OF SOMATIC DISORDERS, FACTITIOUS DISORDER, AND MALINGERING



References

1. Abdurrachid N, Marques JG. Munchausen syndrome by proxy (MSBP): a review regarding perpetrators of factitious disorder imposed on another (FDIA). *CNS Spectrums*. 2022 February; 27(1):16-26.
2. Alexander R, Ayoub C, Bursch B, et al. Munchausen by proxy: Clinical and case management guidance. *APSAC Advisor*. 2018 March; 30(1):8-31.
3. Bursch B, Munchausen by Proxy: Five Core Principals. *Annals of Pediatrics & Child Health*. 2020 March 8(2): 1171.
4. Taskforce, A. P. S. A. C. (2018). Munchausen by proxy: Clinical and case management guidance. *APSAC Advisor*, 30(1), 8-31.
5. *Factitious disorder*. PsychDB. (2021, February 23). Retrieved May 12, 2022, from <https://beta.psychdb.com/somatic/dsm-5/factitious>

Initial presentation

- 20-year-old female presents with generalized pain, hypotension, extensive epidermal wounds, cellulitis, sepsis, and adrenal crisis.
- Poor historian.
- Extremely depressed, minimally engaged, bedridden.

Initial intervention

- Multiple medical specialties consulted: neurology, oncology, immunology, infectious disease, etc.
- Ruled out so of the numerous prior given diagnoses
- Confirmed chronic high-dose steroid use

Mother refuses treatment

- Mom refused numerous life saving treatments and interventions which led to further decline in patient's mental and physical health over the course of several months.
- Mom stated she wanted to honor her daughter's wishes even if that led to suffering or her immediate death.

State guardian appointed

- Right for mom as medical power of attorney taken away.
- Guardian approved for emergent medical treatment.

Clinical Improvement

- Significant improvement in epidermal wound healing, hemodynamic stability, and overall affect leading to discharge
- Patient began to continue behaviors consistent with factitious disorder without mother's presence.

Prior history

- Numerous diagnoses reported including: Ehlers-Danlos, osteogenesis imperfecta syndrome, Raynaud's disease, peripheral polyneuropathy, and mast cell activation syndrome
- Multiple prior hospitalizations with similar presentation.

Patient refuses treatment

- Refused multiple labs, treatments, and other interventions which were life saving.
- She denied that her medical issues were being treated.
- Displayed general mistrust in medical providers.
- Mom appointed as medical power of attorney when patient lacks capacity.

Ethics committee consulted

- Concerns for abuse/neglect by mom to patient.
- Patient is intermittently endorsing suicidal ideation.
- Multiple physicians involved in patient's care advocated for patient
- It took months to build a case for need of state guardian.

Emergent treatment

- Administration of IV steroids to avoid adrenal crisis.
- Regular lab tests and additional work up.
- Changing urine and feces-soaked bedsheets.