

Psychopathology Assignment
Munchausen's syndrome and Munchausen by proxy

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Introduction

Diagnosing, assessing, and treating the extremely rare disorders called Munchausen Syndrome (MS) and Munchausen by proxy (MSBP) represent a significant challenge for medical professionals (Pacurar et al., 2015). These illnesses, also referred to as factitious disorder imposed on self and factitious disorder imposed on another, involve individuals falsifying or amplifying their own or someone else's illness or injury to obtain sympathy and attention. Given that they can have serious repercussions for those affected, understanding the complex nature of these fascinating disorders is critical (Sarhat, 2016).

A) History and origin

- The initial description of Munchausen's syndrome was done by Richard Asher in 1951.
- The name was inspired by Baron Munchausen, a fictional German nobleman, who was a great liar (Fish et al., 2005).
- The disorder was added to the DSM-3 in 1980. In subsequent revisions of the DSM, the disorder has been renamed "factitious disorder," and is classified into two types: factitious disorder imposed on self and factitious disorder imposed on another. Factitious disorder by proxy was added to the DSM-4 in 1994 (Yates & Feldman, 2016).
- Because of the low incidence of this particular psychopathology, studies contradict the actual prevalence numbers. Literature suggests males but recent studies suggest more females.
- Munchausen disorder is most common in people who have an enriched knowledge of medicine; healthcare and laboratory professions. Nurses seem to be the most prevalent (Yates & Feldman, 2016).
- According to Lopez-Rico et al. (2019), in the case of factitious disorder imposed on another, 95% of the perpetrators are mothers who fabricate clinical symptoms in their children.

B) Causes and risk factors

- Causes: The exact cause of MSBP is not known, but researchers believe both biological and psychological factors play a role in the development of this disorder. The motivations for MSBP may include relations and economic factors. MSBP may also be attributed to family problems, emotional abuse, or neglect (Sarhat, 2016).
- Biological factors: Some theories suggest that a history of abuse or neglect as a child might be a factor in the development of MSBP or MS (Pacurar et al., 2015).

- Psychological factors: Researchers believe that major stress, such as marital problems, can trigger an MSBP episode (Sarhat, 2016). Suffering from multiple types of abuse, especially emotional abuse or neglect, medical neglect, and family problems, can contribute to the psychological factors underlying MSBP or MS (Pacurar et al., 2015).
- Social/environmental factors: Female preponderance may be attributed to the typical socialization pattern, which encourages females to seek the sympathy and assistance of others, while males who do so are considered "weak" (Sarhat, 2016). MSBP may also be attributed to another prevalent socialization pattern, which places females in the primary caretaking role. Family problems, strict rules, and controlling familial relations can also contribute.
- Risks: MSBP is a rare, potentially life-threatening form of child abuse and psychological maltreatment, comprising both physical abuse and medical neglect, with a prevalence of 2-4 cases/million in the general population and a 10% mortality rate (Sarhat, 2016). The physical morbidity rate of MSBP is 75%, and the psychological morbidity rate is possibly even higher. MSBP victims may suffer from emotional abuse, neglect, and medical neglect (Sarhat, 2016).

C) Diagnosis and treatment

The DSM-5 (2022) outlines specific criteria for the diagnosis of a factitious disorder imposed on self or others.

- The individual has to be deliberately deceiving others by either falsifying physical or psychological symptoms, or by inducing an injury or disease to themselves or someone else (American Psychiatric Association, 2022).
- This deceptive and manipulative behavior cannot be better accounted for by another disorder. (American Psychiatric Association, 2022).
- The diagnosis also requires demonstrating that the individual goes to extreme lengths to lie to medical professionals, falsify their own or someone else's illnesses, and even sometimes induce symptoms using drugs or other substances all in the absence of external benefits (American Psychiatric Association, 2022).
- The time frame between the appearance of symptoms and the diagnosis of the disorder is on average 15 months (Wittkowski et al., 2017).
- Personality disorders are the most common comorbid psychiatric diagnosis, with a rate of 75% (Bursch et al., 2019).

- Treatment for factitious disorder is very difficult and often impossible. Evidence-based therapy and psychotropic medication have proven to be helpful to address comorbidities, but many severe cases are unlikely to be successfully treated. For the victim, if the damage can be repaired, therapeutic treatment and rehabilitation interventions are used to ensure proper social and school reintegration (Bursch et al., 2019).

D) Case study (Lopez-Rico et al., 2019)

A 6-year-old girl was admitted to the hospital a total of 60 times, often in a coma, and according to her mother, she experienced paroxysmal episodes which included high fevers, dehydration, and seizures. The mother's story did not coincide with the 25 discharge reports from 5 hospitals, and all the medical examinations carried out showed no abnormalities. Doctors diagnosed the child with Atypical Epilepsy and began medication. Follow-up tests showed toxic levels of the medication in the blood. When the mother was confronted with suspicion of MBPS, she confessed to fabricating thermometer results, inventing the seizures, and giving non-prescribed doses of the child's medication to cause dehydration and comas. The child protection agency took charge of the girl, and they assured her return to normality.

- The biographical history of the mother: It was confirmed that the mother had a histrionic personality disorder, which is an illness characterized by a pattern of exaggerated emotions and attention-seeking behavior. This is not surprising as the most common comorbid psychiatric diagnosis for patients with MBPS is a personality disorder.
- Factors contributing to disorder: Researchers found no evidence of childhood abuse or trauma, which could've been a possible biological factor.
- Symptoms displayed: The mother gave strange descriptions of symptoms, using medical terms as if she had medical expertise. She deliberately deceived medical professionals by fabricating symptoms of seizures and fever and inducing symptoms with unprescribed doses of medication. She also searched for occasions to visit the hospital, as being in a hospital environment provided her with excitement and comfort.

Conclusion

The only solution in Munchausen disorder cases is to consult psychiatry as fast as possible. It is a disorder shrouded in lies and mystery as patients affected with this disorder are mostly resistant to treatment and further diagnostics preventing further research.

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