Munchausen syndrome

Summary

- Munchausen syndrome is a mental disorder in which the patient fakes illness to gain attention and sympathy.
- Recovery is slow or non-existent.
- Munchausen syndrome by proxy (MBP) is the old term for a form of abuse where the person either fakes or produces symptoms in someone else, usually their child. This is now called 'fabricated or induced illness by carers' (FIIC) and is different to Munchausen syndrome.

Munchausen syndrome is a rare type of mental disorder in which a person fakes illness. The person may lie about symptoms or else produce symptoms using trickery or self-harm. A person with Munchausen syndrome can be very convincing, which results in doctors providing unnecessary treatment including surgery.

A person with Munchausen syndrome doesn’t pretend to be ill for personal gain, such as prescription drugs or money. Instead, the person is driven by complex psychiatric reasons, including an abnormal desire for attention and sympathy.

This type of mental disorder is most often seen in young adults and is considered a type of self-mutilation. Often a person with Munchausen syndrome is emotionally disturbed from a troubled childhood. Munchausen syndrome is also known as factitious disorder.

Symptoms

A person with Munchausen syndrome gains intense satisfaction from the attention associated with playing the ill patient or victim. Signs and symptoms that may suggest Munchausen syndrome include:

- A spectacular medical history that includes a large number of tests, medical procedures and operations
- Odd collection of seemingly unrelated symptoms
- No conclusive results despite intense medical investigations
- New symptoms that appear after medical tests prove negative
- Extensive medical knowledge of many different illnesses
- Frequenting many different doctors, sometimes in other states
- Frequent presentation at emergency departments, usually at different hospitals
- Requests for invasive medical procedures or surgeries
- Failure to improve despite medical treatment, including relapsing for unknown reasons.

Common tactics

A person with Munchausen syndrome may convince doctors in many ways. For example, they may:

- Pretend to be in pain
- Exaggerate symptoms
- Fake symptoms, including psychological symptoms
- Poison themselves with chemicals
- Infect themselves with unclean substances
- Tamper with diagnostic tests – for example, contaminate a urine sample with sugar or blood
• Interfere with a medical condition so that recovery isn’t possible – for example, repeatedly open or contaminate a skin wound or not take prescribed medication
• Ignore a genuine medical problem until it becomes serious.

Common complications

A person with Munchausen syndrome is at risk of many complications including:
• Side effects from prescription medicines, including overdose
• Complications from poisoning or self-harm practices
• Complications from medical procedures or surgeries
• Death from self-harm or complications of medical intervention.

Risk factors

Some people may have a higher risk of developing Munchausen syndrome than others. Risk factors may include:
• Chronic illness during childhood – the person may have received a lot of attention because of their illness
• Chronic illness of a significant family member when the person was a child
• Self-esteem or identity problems
• Relationship problems
• Difficulty distinguishing reality from fantasy
• Ability to lie and manipulate
• A history of mental problems such as depression, hallucinations or post-traumatic stress disorder (PTSD)
• The need to blame personal failures on external factors, such as illness.

Diagnosis

Diagnosis is difficult because a range of legitimate physical and mental illnesses must be ruled out first. To complicate matters further, a person with Munchausen syndrome tends to seek help from various health care providers to avoid ‘tipping off’ any one doctor. Diagnosis, if it happens at all, may depend on abstract concepts such as:
• The person’s symptoms don’t make sense when compared with the test results.
• The person is unusually eager to undergo invasive medical procedures and operations.
• The person doesn’t respond to treatments in a predictable fashion.
• Other people in the patient’s life don’t confirm the person’s symptoms.

Treatment

Treatment aims to manage rather than cure the condition, but is rarely successful. Recovery tends to be slow or non-existent. Treatment options may include:
• Medications to treat associated mental disorders such as depression or anxiety. Unfortunately, a person with Munchausen syndrome may misuse prescription drugs to provoke symptoms for further medical intervention.
• Cognitive behaviour therapy (CBT) may help to change the person’s beliefs and actions. However, the typical person with Munchausen syndrome will never admit to falsifying symptoms, which makes progress difficult. Some patients flatly refuse psychiatric help.
• Avoiding unnecessary tests and surgeries is important to reduce the risk of complications. However, the typical person with Munchausen syndrome moves on to other doctors and starts the ruse all over again.

Munchausen syndrome by proxy

Munchausen syndrome by proxy (MBP) was the term previously used for a rare but serious form of abuse where the person either fakes or produces symptoms in someone else, usually their child. In Australia, MBP is now

betterhealth.vic.gov.au
known as ‘fabricated or induced illness by carers’ (FIIC), to distinguish it from the mental disorder Munchausen syndrome. In Australia, FIIC is considered child or victim abuse, rather than a mental disorder.

Typically, the carer deliberately poisons or harms the child to procure unnecessary tests and medical procedures. The most common form of abuse appears to be apnoea (stopping breathing). The child may be revived by ambulance officers and taken to hospital, where all tests prove negative. Sometimes the child doesn’t survive the carer-induced apnoea.

FIIC is very rare, with estimates suggesting that between 15 and 24 cases occur in Australia every year. The mother is the perpetrator in most cases. However, this is thought to reflect the high number of women who take on the role of primary caregiver.

Where to get help

- Your doctor – for information and referral
- Community mental health service
- Australian Psychological Association on Tel. 1800 333 497
- Association for Relatives and Friends of the Mentally Ill (ARAFMI) Tel. 1300 794 992
- Child Protection Crisis Line (24 hrs, 7 days a week) Tel. 131 278

This page has been produced in consultation with and approved by:
Mental Health Foundation of Australia

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au