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Munchausen syndrome by proxy - diagnostic problems of unusal somatic disorder

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ABSTRACT

Introduction and purpose

Munchausen syndrome by proxy is a factitious disorder characterized by the search for and induction of somatic symptoms, the falsification of laboratory results, and even the mutilation of a loved one, usually a child, by a parent or caregiver. Paediatricians often only have information about the child's condition from an interview with the child's guardian, so it is very important to differentiate feigned disorders from real, sometimes difficult to diagnose,

cases of illness. We may suspect them if the parent reports unusual symptoms in the child, insinuates further treatments and hospital stays, has above-average knowledge of medical terminology, and is aggressive towards the staff. Prominent among the causes of Munchausen syndrome by proxy are first and foremost the desire to focus the parent/carer's attention on themselves and the expectation of recognition for their care and concern for the child.

Methods and materials

The following review was based on articles from the PubMed and Google Scholar databases. Key search terms included munchausen syndrome, munchausen syndrome by proxy, treatment, diagnosis, paediatric condition falsification, factitious disorder.

Conclusions

Due to the nature of this disorder, physicians of different specialities may come across it during their practice. Increasing their knowledge on this topic and the effects of Munchausen syndrome by proxy will allow the correct diagnosis to be established and appropriate psychiatric therapy with psychological care to be introduced, as well as protecting children who are victims of the actions of their caregivers.

Key words: Munchausen syndrome by proxy, Paediatric Condition Falsification; Medical Child Abuse, Factitious disorder, Diagnosis, Treatment

Munchausen syndrome by proxy - diagnostic problems of unusal somatic disorder

1. Introduction

Munchausen syndrome was first described by Richard Asher in 1951. Dramatic and exaggerated tales surrounding the patients illnesses reminded him of Rudolf Erich Raspes novel "Baron Munchausen's Narrative of his Marvellous Travels and Campaigns in Russia" - hence the name of this particular disorder. It is a factitious disorder occurring in adults who intentionally produce or feign disease symptoms and who have undergone unnecessary treatment in order to draw attention to themselves. Later in 1977 Roy Meadow used the term

Munchausen syndrome by proxy to describe parents and caregivers of children who search for and induce symptoms of diseases, falsify medical records and, in severe cases, also mutilate the child. There are three degrees of severity:

1. mild degree - the mother tells the doctor imaginary disease symptoms, is the easiest to overlock;
2. moderate degree - inducing mild symptoms of diseases in the child;
3. severe degree - inducing infections, starving, suffocating to unconsciousness, poisoning. It is worth noting that the syndrome can also occur in adult children caring for their parents/elders. So it is important to be aware of the symptoms of Munchausen syndrome by proxy in any patient, of any age, who is under someone's care. [1,2,3]

2. Methodology

A review of the literature available in the PubMed and Google scholar database was performed using the keywords: Munchausen syndrome, Munchausen syndrome by proxy, Factitious disorder, Medical Child Abuse, Paediatric Condition Falsification, Diagnosis, Treatment

3. Characteristics

Most often the person suffering from Munchausen syndrome by proxy is the child's mother.
In rarer cases it is the father or another family member. Interestingly, 80% of mothers described in the literature worked as nurses or medical registrars. Working in the medical professions makes it easier for caregivers to induce disease symptoms through, for example, access to medications or prescriptions, as well as knowledge of the symptomatology of various diseases. The causes of this disorder can include: experience of childhood abuse, lack of support and involvement of the other parent, marital problems, lack of acceptance of one's own child despite the seemingly close relationship. They don't leave their children/subjects in the hospital alone. They try to make friends with the medical staff and have a strong need to be the center of attention and to feel empowered. The recognition that the medical staff gives to the mother may be regarded by her as a psychological reward. Victims are mainly newborns, infants and toddlers, but cases of induction of disease symptoms in older children

and adolescents have also been described. Girls are victims of this kind of abuse as often as boys. The mortality rate of child victims is 9%. [4,5,6,7,8,9,10]

4. What to pay particular attention to

Disturbing symptoms in children that may prompt a diagnosis are constantly repeated bone fractures, muscle weakness, bruises, hard to heal wounds, skin injuries and unexplainable bleeding. Gastrointestinal symptoms such as nausea, vomiting, weight loss, abdominal pain are just as common. Less common symptoms may include signs typical of asthma, diabetes or constant urinary tract infections, metabolic and electrolytic disorders. Alarming behaviors among parents and caregivers the doctor should take a note of are the reporting of symptoms that do not point to a single disease, being dissatisfied with the offered treatment, unresponsiveness to the treatment, any symptoms appearing mainly when parent/caregiver is present and the ones that laboratory tests do not correlate with. Let’s also pay attention to mother's attitude - affectionate, dedicated, supportive, who sacrifices her life for her sick child without arousing anyone's suspicion. Among the actions that facilitate manipulation are frequent changes of attending physician, hospitals, inconsistency of medical history and lack of documentation of previous hospital stays. [11, 12, 13, 14]

5. Actions of individuals

1. Manipulation of the medical history - for any doctor, an important diagnostic tool is the medical history. Physicians learn from it what diseases a person suffers from, what medications they take, what surgeries they have undergone, what symptoms they had. Young children are not able to describe their ailments, so all information is obtained from parents or guardians. At the beginning of cooperation, doctors have no reason to cast doubt on the content provided. This creates the possibility of manipulation, which translates into delayed treatment, diagnosis and ordering of unnecessary tests, often invasive. This is most often done by reporting unusual symptoms with difficult to determine sources, exaggerating and reporting ineffectiveness of treatment. [6, 16]

2. Physical violence - smothering the child - a simple way to induce symptoms, requiring no drugs or knowledge. It is done by using a pillow, hand, pressing the child's head to the mattress, covering the mouth and nose. Symptoms usually occur immediately. [17,18]
3. Poisoning or substance abuse, misuse of drugs - medicine not taken correctly can induce numerous side effects. Many medications are available without a prescription, but over-the-counter drugs are also a problem, as there is a lot of theft and prescription fraud. [19,20]
4. Poisoning by other substances - caregivers may use substances found in households, such as caffeine, cooking salt, rodenticides, etc. [21,22]
5. Manipulation of medical equipment - manipulation and interdiction of central line insertion, application of table salt to the gastrointestinal tract, heating the thermometers, etc. [23]
6. Restrictive diet - limiting caloric intake leading to underweight, vitamin deficiency and anemia. [24]
7. Pretending to bleed - adding blood to vomit, puncturing the baby's lips, putting own blood in laboratory samples. [25]
8. Wound infections - inadequate care, deliberate neglect of the wound to make it heal more slowly. [26]

5.1. Below is a description of two cases to help illustrate what this disorder can look like

5.1.1. Case 1

Kay, a 6-year-old girl, was referred to a Pediatric Nephrology Clinic in Leeds due to recurrent urinary tract disease and passing smelly, bloody urine. She has already been examined at two other centers but the cause has not been found. It all started when her mother noticed pus on her diaper, which was the reason why Kay received her first antibiotic at 8 months old. Since then, she was periodically prescribed antibiotics for urinary tract infections. Treatment with so many antibiotics caused side effects such as rashes, candidiasis. Despite the use of multiple medications, fever, lower abdominal pain, and smelly urine with blood continued. At the time of referral to the clinic, Kay had two urograms, a micturition cystourethrogram, two gynecological examinations under anesthesia, and two cystoscopies done. The cause has not been found. The nature of the symptoms was unusual - one day the urine sample contained pus and blood and the next day there was no trace of them and the sample was clean. Similarly, there were pus lesions on the vulva. Some days they were present, but few hours

later they could not be found. The results indicated an ectopic ureter or an infected cyst, but previous examinations did not reveal anything of the sort. On general examination Kay was a well-developing child, her parents showed interest and concern. Her mother was with her at all times in the hospital, and seemed loving and caring. After many discussions and findings, the clinic staff found that all samples that showed infection were left with the mother. It was decided to conduct an experiment, and a trained nurse was instructed to keep the urine samples away from Kay's mother after collecting them, and then several different samples were left in the mother's presence for a few minutes. Urine was collected 57 times, 45 clean samples were supervised by nurses, 12 samples infected with blood were the ones left with the mother. After the experiment, the mother was asked to give a sample of her urine. It contained blood and numerous bacteria, and resembled Kay's infected samples. It turned out that the mother was menstruating at the time. Kay was given xylose so that it could be identified which sample came from her. All the samples given by the mother contained xylose, so Kay's urine was present. The investigation was aided by a forensic laboratory, which determined from the blood type that the blood in the samples belonged to the mother and not the girl. It turned out that the mother had been adding her menstrual blood and secretions to her daughter's urine samples. As a result of these actions, Kay had many unnecessary tests, used many medications, and was repeatedly hospitalized. During the mother's psychiatric observation, Kay had no symptoms and the samples taken were clean. The mother admitted her actions, it turned out that Kay was a long-awaited child, the parents loved her, but the mother at times felt jealous of her daughter and claimed that her husband was more interested in the child than in her. [2]

5.1.2. Case 2

The boy, 4.5 years old, was admitted to a nutrition clinic for obesity. He and his mother lived in a city located 100 kilometers away. He had a history of being diagnosed at other clinics. The mother seemed concerned about her son's illness and said she would do anything to help him. The questionnaire they filled out at the outset, indicated that the child was taking in fewer calories than he should and was extremely active, which did not fit the clinical picture at all. A physical examination only revealed increased body weight, otherwise no abnormalities. Laboratory tests also came out normal. The boy went regularly to appointments, and with each visit the mother reported new symptoms. The mother was ready for more tests

or procedures to clarify the cause of the disease. In her own words, her child is obese and hardly eats anything. She demanded more tests from the staff, and sometimes was aggressive. It turned out that she had been referred to a psychiatric hospital in the past, but did not report there because she claimed there was no reason to do so. The child's father betrayed the mother during the pregnancy, they separated and the boy grew up without a father. The mother's goal was probably to gather attention and sympathy from other people. Clinic staff leaned toward a diagnosis of Munchausen by proxy because of the mother's disturbing behavior, as well as the boy's unusual symptoms. To rule out errors and confirm the diagnosis, the best solution would have been to separate the mother from the boy for an extended period of time, but this was impossible due to the fact that she was the sole caregiver. After discussions and suggestions for psychiatric treatment, the mother not only refused, but also became aggressive, took the boy out of the clinic and never returned there again, despite the staff's attempts to contact her. [27]

6. Diagnose

Diagnosis of this syndrome is extremely difficult as described in the examples above. Suspicion of this syndrome, if any, comes late. Medical personnel often lack experience or sufficient knowledge of the disorder. Factors that may contribute to delayed diagnosis include resistance to admitting misdiagnosis and realizing that tests and diagnostic procedures were not necessary in this case, staff shortages, and the lack of interdisciplinary teams for difficult cases that include doctors, nurses, psychologists, social workers. In order to make a diagnosis, medical personnel must work together, real evidence is needed, the use of surveillance, audio and video recordings, witnesses incriminating the behaviour of the perpetrator. Once all the evidence has been gathered, a diagnosis can be made. The differential diagnosis should include:

- an unrecognized disease that may be the source of the symptoms,
- somatization in the child,
- other forms of maltreatment, e.g. sexual abuse,
- a psychotic episode in a parent/caregiver and delusions occurring during it,
- anxiety disorders in a parent/caregiver about the child's health. [6,7,27]

7. Treatment

It is necessary to diagnose munchausen syndrome by proxy as soon as possible, in order to protect children from loss of health and even life. A person with the disease, who suspects that doctors do not believe them, may take the child out of their care and go far away from the hospital to achieve his goal there. It is important to provide physical and psychological care for both the patient and the victim in order for them to fully recover. Therapy should focus on making the abuser understand their disorder and take responsibility for their actions. One option may be family therapy, in which attention is paid to alarming behavior, so that family members can react quickly and are aware of the origin of the disorder and how to deal with it. Also, if the cause of the disorder was marital problems, discussing and working through them will reduce the risk of relapse. The psychiatrist caring for the victim should make sure they receive adequate emotional care and that they will be protected and the assaults will not happen again. Thanks to such therapy, the victim has a chance to heal from the psychological and physical consequences, and the perpetrator acquires the ability to cope with situations in which he would like to trigger the victim's illness again. [6,7,11,28,29,30,31]

8. Conclusions

Beatings, neglect or sexual abuse are not the only methods of harming a child. Munchausen syndrome by proxy is a disorder that should not be taken lightly, and can cause serious, life-threatening consequences. Both Munchausen syndrome and Munchausen syndrome by proxy can be difficult for healthy people to understand, it's hard to believe that someone would specifically want to make their child sick or cause illness. Nevertheless, these syndromes do exist and doctors of all specialties may encounter them, which is why it is so important to expand their knowledge on the subject. This will make it possible to establish a correct diagnosis, introduce appropriate therapy and also protect child victims. Establishing interdisciplinary teams in hospitals, consisting of specialist doctors, psychologists, lawyers, social workers, can significantly reduce the morbidity or mortality of children affected by this form of abuse. Although the disorder was described 40 years ago, and quite a few case reports can be found, it is still a challenge in medicine.

Author's contribution

Conceptualization Justyna Matuszewska, Wiktoria Wilanowska,; methodology Justyna Matuszewska; software, Kamila Babkiewicz- Jahn; check, Adrianna Szymańska and Izabela Oleksak; formal analysis, Karolina Maliszewska and Natalia Załęska; investigation, Justyna Matuszewska and WiktoriaWilanowska; resources, Izabela Oleksak; data curation, Kamila Babkiewicz-Jahn, Natalia Załęska; writing - rough preparation, Justyna Matuszewska; writing - review and editing, Justyna Matuszewska, Kamila Babkiewicz-Jahn; visualization, Izabela Oleksak; supervision, Adrianna Szymańska and Karolina Maliszewska ; project administration, Adrianna Szymańska; receiving funding, Natalia Załęska.

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