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## **False symptoms, genuine suffering: Munchausen Syndrome as a challenge for contemporary medicine**

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## ABSTRACT

**Background:** Munchausen Syndrome, classified as a factitious disorder, is a psychiatric condition in which individuals deliberately fabricate or induce medical symptoms to assume the role of a patient. Despite its rarity, the disorder poses significant diagnostic and therapeutic challenges due to its deceptive nature and frequent comorbid psychiatric conditions. Misdiagnosis can lead to unnecessary medical procedures, increased healthcare costs, and delayed psychiatric intervention. This review aims to provide a comprehensive overview of the syndrome, emphasizing its epidemiology, clinical presentation, and treatment approaches.

**Materials and Methods:** A systematic review was conducted using PubMed and Google Scholar databases. Keywords such as "Munchausen Syndrome," "factitious disorder," and "psychiatric deception" were used to identify relevant publications. Twenty four articles were selected based on their relevance to the disorder's epidemiology, clinical manifestations, and treatment. Case reports, retrospective studies, and systematic reviews were analyzed to synthesize current knowledge on the syndrome.

**Conclusions:** Munchausen Syndrome remains a complex and underdiagnosed disorder that requires increased awareness among medical professionals. Diagnosis relies on identifying behavioral patterns and ruling out genuine medical conditions, while treatment focuses on psychotherapeutic intervention, like cognitive-behavioral therapy (CBT). Although pharmacotherapy does not directly address the syndrome, it may be beneficial in managing co-occurring psychiatric conditions. A multidisciplinary approach, including structured medical oversight and improved communication between healthcare providers, is crucial for improving patient outcomes and preventing unnecessary medical interventions.

**Keywords:** Munchausen Syndrome, factitious disorder, self-induced illness, psychiatric disorders, deception in medicine, chronic hospitalizations, psychological manipulation

## INTRODUCTION

Munchausen syndrome, belonging to the group of factitious disorders, is a rare and complex mental disorder that is relatively rarely described in contemporary scientific literature. It was first described by haematologist and endocrinologist Richard Asher, who in 1951 presented a case study of a patient who repeatedly harassed medical facilities in the UK, Ireland and France demanding attention and treatment, including surgery [1]. According to the International Classification of Diseases and Related Health Problems (ICD-10), Munchausen syndrome is classified in the category F68.1 "Intentional production or imitation of physical or mental symptoms or impairments (factitious disorder)", but patients with this syndrome who seek medical help are not aware of their internal motives [2, 3]. Such people feel a very strong need to be perceived as sick. The attention, care and treatment they receive are a specific compensation for their deficits [3]. In Diagnostic and Statistical Manual of Mental Disorders (DSM V) Munchausen Syndrome can be found as Factitious Disorder Imposed on Self (FDIS), where it is also mentioned that patient's behaviour can't be better explained by another mental disorder [4]. It is estimated that factitious disorders, including Munchausen syndrome, account for approximately 0.6-1.3% of all hospital admissions [5]. However, many of them still remain undiagnosed due to insufficient knowledge about this disorder and the significant diagnostic difficulties it creates [6]. The aim of this article is to review the latest literature and systematize knowledge about Munchausen syndrome in order to facilitate future diagnosis and faster benefits from treatment of this disorder. Literature reviews are a good way to keep medical knowledge at the highest level. They allow for quick familiarization with

the latest facts, diagnostics and treatment methods, which translates into increased awareness and better detection of diagnosed diseases and disorders.

## **EPIDEMIOLOGY**

Munchausen syndrome is not a common condition. Awareness of this disorder is also low. The first difficulty encountered when trying to estimate the incidence of Munchausen syndrome is the correct diagnosis of the patient. From among potentially ill people reporting similar symptoms, it is necessary to exclude people affected by actual diseases or metabolic disorders. It is extremely important to identify risk factors. These include factors such as female gender, being unmarried, or working within the healthcare community [7]. Munchausen syndrome is also more common in people with borderline personality disorder, histrionic personality disorder, and a history of sexual abuse. Some studies show that Munchausen syndrome occurs more often in men, although there are also many reports where analyses suggest a completely opposite trend [8, 9]. An Italian study conducted between 2007 and 2010 on a group of 751 patients estimates this disorder at 1.8% [10]. The extensive work previously mentioned, published in 2011 in the Journal of The New Zealand Medical Association, estimates the prevalence of this disorder at 0.6-1.3% [5]. A study by the University of Alabama's psychology department, using the most conservative estimate of attributable cases as a reference point, finds that only 5% of cases are formally diagnosed [11].

## **HISTORICAL OUTLINE**

Munchausen syndrome is a mental disorder in which the patient fakes or deliberately produces symptoms of illness to gain attention and sympathy from those around them. The syndrome is named after Baron Hieronymus Karl Friedrich von Munchausen, an 18th-century German aristocrat who was known for telling fantastic and improbable stories about his supposed adventures and accomplishments. Although the baron did not suffer from the disorder discussed in this article, his name has become a symbol for people who fabricate stories about their health. The term "Munchausen Syndrome" was introduced into medical literature in 1951 by the before mentioned British physician Richard Asher. In a groundbreaking article published in The Lancet, Asher described patients who deliberately produced or feigned symptoms of illness. These patients were frequent visitors to hospitals and other medical facilities, seeking the attention and care they needed [1]. In 1977, British pediatrician Roy Meadow described a form of the disorder known as Munchausen by proxy.

In this case, a caregiver, usually a mother, fakes or intentionally induces symptoms in a person under their care in order to attract the attention of medical personnel and others [12].

## **RESEARCH PURPOSE**

The aim of the review is to present a complex of issues related to Munchausen syndrome. It is a disease entity that is exceptionally difficult to diagnose, often omitted when discussing mental disorders, but, as studies on its epidemiology indicate, it is not that rare. For this reason, it is extremely important to sensitize physicians of various specialties and all medical personnel to the occurrence of this disorder, which will allow for a more efficient diagnosis and initiation of treatment. Such a comprehensive approach will allow patients to return to health and normal functioning in society more quickly.

## **METHODOLOGY**

The review was conducted at the turn of January and February 2025, using the publicly available Google Scholar search engine and the PubMed article database. The search terms "Munchausen syndrome" and "fascitous disorders" were used, which allowed for obtaining a wide range of publications on this topic. After analysis, 24 articles were qualified for the review, covering the following topics: disease characteristics, therapeutic options, and numerous case reports. In order to supplement the review, the literature in selected articles was analyzed and another 4 articles were included on this basis. Eligible studies met the following inclusion criteria: 1) were published in English, Polish or Spanish; 2) were published in periodical publication; 3) focused on Munchausen Syndrome; 4) provided a clear presentation of the applied methodology; and 5) applied proper methodology.

## **COURSE OF THE DISEASE**

Munchausen syndrome is characterized by recurrent episodes in which patients feel an uncontrollable need for external attention, sympathy, and care. To achieve this, they fake symptoms or even intentionally induce them. The course of the disease is usually chronic and difficult to predict, with frequent relapses and variability of the symptoms presented [13]. Patients with Munchausen syndrome often have extensive knowledge of medical terminology and diagnostic and therapeutic procedures, which allows them to credibly present false symptoms. To avoid detection of their deception, they often change medical facilities and doctors, which leads to numerous hospitalizations and many unnecessary medical

interventions [14]. There are numerous cases described in the literature in which patients intentionally caused their symptoms through self-harm, self-administration of chemicals, or wound infection [15, 16, 17]. The course of the disease can be varied, and the symptoms presented by patients are often ambiguous and dramatic. One of the Polish publications on this topic describes the case of a patient who reported recurrent abdominal pain, which led to numerous hospitalizations and diagnostic tests, without providing clear results. Only a detailed analysis of the medical records and observation of the patient's behavior allowed for the diagnosis of Munchausen syndrome [18]. Another article describes a patient who repeatedly presented to different hospitals with a variety of symptoms, such as chest pain, shortness of breath, and fainting. However, numerous tests found no abnormalities, and the patient continued her behavior for many years, indicating a chronic and recurrent nature of the disease [19]. The course of Munchausen syndrome is often complicated by co-occurring mental disorders and illnesses, such as depression or anxiety disorders. Such patients may experience low self-esteem, identity problems, and difficulties in establishing and maintaining interpersonal relationships. These co-occurring problems further complicate the diagnostic and therapeutic process [18]. The prognosis for Munchausen syndrome is usually poor. Diagnosed patients rarely accept their actual illness and are reluctant to seek psychiatric treatment. However, even with therapy, the relapse rate is high and full recovery is rare [20]. Therefore, early diagnosis and intervention are important to prevent unnecessary medical procedures and potential complications resulting from the patient's self-destructive behavior.

## **THERAPEUTIC APPROACH**

Due to the nature of the syndrome, there is no specific medication that can cure it. However, patients often receive some form of psychotropic medication. A retrospective study from 2023 conducted on 2232 cases over the two-year evaluation period shown that 66% of the participants were prescribed at least one benzodiazepine, 58.3% received an antidepressant, and 42.6% were given an antipsychotic. [20] Although medical diagnosis in patients with Munchausen Syndrome doesn't often lead to clear outcomes, there are some psychiatric conditions that can be related to it, like depression, personality or anxiety disorders. In general, it appears that patients with Factitious Disorder Imposed on Self (FDIS) who do not have any co-occurring psychiatric conditions are quite uncommon [21]. The high frequency of antipsychotic prescriptions in these findings may indicate the use of atypical antipsychotics

for managing personality disorders and depression as general medical practice. Another class of medications commonly used in FDIS patients is opioids. [20]. While some individuals with FDIS may have medical conditions requiring opioid usage, research suggests that these prescriptions are often obtained through deception [22]. In such cases, distinguishing between FDIS and faking illness can be challenging. However, if a patient persists in assuming the sick role despite opioids administration, the presence of FDIS becomes more likely. Once FDIS has been diagnosed, the primary goal of treatment should be to modify the patient's behavior while minimizing the misuse or overuse of medical resources. This can be achieved by limiting the number of physicians involved in the patient's care and enhancing communication among healthcare providers. Directly accusing a patient of having factitious disorder is generally ineffective, as it tends to provoke denial or even aggressive reactions [23]. Instead, an empathetic and understanding approach appears to be the most effective strategy, as it helps establish a foundation for future therapeutic cooperation. The central component of treatment should involve active psychological intervention, primarily through psychotherapy conducted by qualified professionals [24]. Cognitive-behavioral therapy (CBT) has shown promise in addressing maladaptive behaviors; however, many patients are resistant to such treatment. Additionally, psychiatric evaluation is essential, regardless of the patient's willingness, to assess for potential comorbid psychiatric disorders that may influence the presentation and course of FDIS.

## **SUMMARY**

Despite the enormous increase in knowledge about Munchausen syndrome in recent years, there is still much to be done in this field. The vast majority of available literature consists only of case reports, and there is a lack of in-depth research into the possible causes and treatment of this disorder. Given that this is a mental disorder that is first encountered by primary care physicians and emergency room physicians, it is particularly important to raise awareness of these professional groups. In everyday practice, it is worth paying attention to suspicious, repeated visits or hospitalizations in the course of which the presented symptoms are not confirmed by objective tests and to the patient's hyperfixation on their own illness. The patient's lack of objectivity makes informed consent to psychiatric treatment inherently difficult to obtain, so most data is collected retrospectively. Treatment is often delayed, which prolongs the patient's suffering. Thorough preparation for the visit, building a relationship

based on mutual trust, and appropriate persuasion techniques are essential elements in the treatment of Munchausen syndrome.

**Author's contribution:**

Conceptualization, D.S., and K.S.; methodology, A.B.; software, M.W.; check, M.W.; formal analysis, D.S.; investigation, A.B.; resources, K.S.; data curation, D.S.; writing - rough preparation, K.S.; writing - review and editing, M.B.; visualization, A.B.; supervision, K.S.; project administration, D.S.; receiving funding – no funding was received.

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In preparing this work, the authors used Curie for the purpose of checking language accuracy. After using this tool, the authors reviewed and edited the content as needed and accept full responsibility for the substantive content of the publication.

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