

An Overview of Munchausen Syndrome and Munchausen Syndrome by Proxy



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KEYWORDS

- Munchausen syndrome • Munchausen syndrome by proxy • Factitious disorder
- Diagnosis • Treatment

KEY POINTS

- Munchausen syndrome is complex in its diagnosis owing to the nature of its presentation.
- However, an unusual presentation of illness and lack of response to treatment can function as clinical red flags.
- Munchausen syndrome by proxy is the imposed presentation of false illness on another and, although rare, when seen, commonly occurs as childhood abuse with the caregiver functioning as abuser.
- The use of an interdisciplinary team aids in the diagnosis of both Munchausen syndrome and Munchausen syndrome by proxy.
- Early diagnosis is key to aid in the initiation of treatment and intervention.

Munchausen syndrome and Munchausen syndrome by proxy may be notorious in nature, but they are rare and difficult to diagnosis. Munchausen syndrome involves the fabrication of an injury or illness to oneself. Even though it is difficult to identify, Munchausen syndrome presents in approximately 1.3% of all hospitalized patients.^{1,2} Alternatively, Munchausen syndrome by proxy involves the fabrication of injury or illness inflicted by 1 person on another (usually parent to child) and accounts for roughly 0.04% of child abuse cases.^{1,3} Although uncommon, both conditions are precursors to significant morbidity and mortality. Whether the harm is directed to the self or to another, these syndromes are forms of abuse with long-term psychiatric consequences.

In all its various and accepted spellings—Münchhausen, Münchhausen, Munchhausen and Munchausen—this syndrome has been associated with various portrayals in film and other media.⁴ The HBO documentary, *Mommy Dead and Dearest* explores the

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case of Deedee Blanchard and Gypsy Rose, in which Blanchard engages in Munchausen syndrome by proxy with her daughter Gypsy. Even though Gypsy presented with cancer symptoms among other ailments up into her late teens, she was physically healthy. Gypsy ultimately killed her mother after years of abuse were inflicted upon her.

The term Munchausen syndrome was first coined by Dr Richard Alan John Asher in 1951 and named after Hieronymous Carl Fredrich Freiherr von Munchhausen, who also known as Baron von Munchhausen.⁴ Baron von Munchhausen was an 18th-century storyteller known for his wild retellings of his exaggerated exploits.⁴ Dr Asher noted that those with Munchausen syndrome lied about or embellished their symptoms very similar to the tales by Baron von Munchhausen, thus naming the diagnosis, Munchausen syndrome.⁴ In 1977, Sir Samuel Roy Meadow expanded on Dr Asher's work when he recognized that individuals (often caregivers) could falsify injury or illness in others and thus coined the term Munchausen syndrome by proxy.⁴

Although Munchausen syndrome and Munchausen syndrome by proxy are the most commonly used terminologies, other names have been associated with the disorders. Munchausen is recognized as factitious disorder, factitious disorder imposed on self, or fabricated illness. Munchausen syndrome by proxy also is known as induced illness, factitious disorder imposed on others, or caregiver-fabricated illness. The medical terminology used in the *Diagnostic Statistical Manual of Mental Health Disorders, fifth edition* (DSM-5) is factitious disorder imposed on self (Munchausen syndrome) and factitious disorder imposed on another (Munchausen syndrome by proxy).¹

MUNCHAUSEN SYNDROME

Diagnostic Criteria

As mentioned, Munchausen syndrome according to the DSM-5 is known as factitious disorder imposed on self.¹ (See the DSM-5 criteria for factitious disorder imposed on self). It is important to note, when diagnosing a patient, whether this is a single episode of Munchausen syndrome or reoccurring instances.¹ This disorder usually presents at the onset of adulthood and it is often identified through atypical presentations that are not supported through clinical examination including but not limited to laboratory tests, scans, and physical examination. Additional considerations for the diagnosis of Munchausen syndrome include a history of multiple past health care services with unsuccessful treatment and an individual who has an unusual foundation of medical knowledge.^{1,5}

Common Features of the Patient

When diagnosing Munchausen syndrome, the health care provider must consider common features in patient presentations. **Box 1** lists common characteristics of the individual with Munchausen syndrome. The common characteristics are not inclusive of all individual presentations with Munchausen syndrome; however, they are characteristic of common features representing identified patients. There may be a myriad of other possible characteristics outside of the common features listed in the table, so it is important to address concerns as they arise based on the history and physical examination.

How to Diagnose

There are many clinical red flags or suspicious behaviors that may alert medical professionals to suspect a diagnosis of Munchausen syndrome. **Box 2** identifies such

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