The most common chief complaints of patients with Munchausen syndrome include abdominal pain, difficulty breathing, allergic reactions, diarrhea, vomiting, and blackouts.

A person with Munchausen syndrome doesn’t pretend to be ill for tangible rewards, such as for financial gain, getting out of work, or obtaining prescription drugs. Instead, the person is driven by complex psychiatric reasons, including an abnormal desire for attention and sympathy, often a consequence of “the sick role” in this country. However, in another related condition, Munchausen syndrome by Internet (MBI), persons share their fictitious and elaborate illnesses through web forums, often setting up a donation system to receive money to “pay for medical bills.” MBI may also be a scam for persons to receive support and the attention of strangers.

Munchausen syndrome is not the same as hypochondria. People with hypochondria truly believe they are sick, whereas people with Munchausen syndrome know they’re not, but try to make it appear as if they are. They want to be seen as sick or injured. This may be an attempt to receive the nurturance of others, to be the center of attention, feel important and/or to ease feelings of worthlessness and vulnerability. Persons with Munchausen syndrome are often willing to undergo painful tests and surgeries in order to get the sympathy and special attention given to people who are truly ill. They may also have a need to feel superior to authority figures, such as by feeling gratified at deceiving a physician or other healthcare professional.

Patients with Munchausen syndrome are often eager to undergo invasive diagnostic interventions. They are also known to move from doctor to doctor, hospital to hospital, or town-to-town to find a new audience once they have exhausted the workup and treatment options available in a given medical setting. However, even if someone attends the same hospital on a regular basis, the patient’s portrayal of his or her symptoms leaves staff no choice but to run tests again.

Munchausen syndrome was named for Baron von Munchausen, an 18th century German officer who was known for embellishing the stories of his life and experiences. The disorder first appeared in psychiatric literature in the early 1950s when it was used to describe patients who sought hospitalization by inventing symptoms and complicated medical histories, and/or causing illness and injury.
INCIDENCE
It is estimated that Munchausen syndrome occurs in 0.5%-2% of the United States population. Since dishonesty is associated with this syndrome, the incidence of Munchausen syndrome is believed to be significantly higher. Adults, aged 20-40 years old, are the most likely populations to develop Munchausen syndrome, although it can occur at any age. Patients with Munchausen syndrome are more often males (2:1). Males with little attachment to their families and social support are at highest risk. Rarely does a person have a single episode of Munchausen syndrome. In most cases, the behavior continues off and on for decades.

RISK FACTORS
Although the exact cause of Munchausen syndrome is not known, some people 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.
- Childhood history of neglect or abuse.
- Difficulty distinguishing reality from fantasy.
- Antisocial personality disorder – skilled in lying and manipulating others.
- Have problems with identity and self-esteem.
- A history of mental problems, such as depression, hallucinations, or PTSD (Post-Traumatic Stress Disorder).

POSSIBLE WARNING SIGNS
Although Munchausen syndrome is often difficult to detect, possible warning signs include:

- Elaborate stories about medical problems - often with little documentary evidence or witnesses.
- Inconsistency in the details of the patient’s health problem – often changes recounts of his or her history and symptoms.
- Pretends to be in pain.
- Takes medications to cause an illness, such as self-injecting a family member’s insulin.
- Tampers with diagnostic tests, such as contaminates a urine specimen with sugar or blood (from pricking his or her finger).
- Interferes with recovery – for example, repeatedly contaminating a skin wound or not taking a prescribed oral medication, such as an antibiotic, as directed.
- Extensive knowledge of medical terminology - internet or textbook description of symptoms.
- Symptoms that fit a diagnosis too perfectly or lack of signs that go with symptoms (for example, no sign of dehydration yet the person complains of diarrhea and vomiting).
- Presence of symptoms only when the patient is alone.
- A desire to undergo tests and surgical procedures, even those with considerable risk.
- Presence of multiple surgical scars, usually abdominal. A patient's abdomen may be a crisscross of scars (a gridiron abdomen), from exploratory surgeries.
- An inappropriate bright mood and affect when told of a negative condition. For example, the patient smiles when told, “We think you have had an MI.”
- History of seeking treatment at numerous doctor offices, clinics, and hospitals, possibly even in different cities.
- Reluctance by the patient to allow healthcare professionals to meet with or talk to family, friends, or prior healthcare providers.
- Having very few or no visitors when hospitalized.
- Controlling, hostile, angry, disruptive, or attention-seeking behaviors during hospitalization.
- May make false claims, such as about their accomplishments, credentials, or relationships with famous people.

DIAGNOSIS
The dishonesty associated with Munchausen syndrome makes diagnosis difficult. Although a person with Munchausen syndrome actively seeks treatment for the various disorders he or she invents or causes, the person often is unwilling to admit to and seek treatment for the syndrome itself. Taking a detailed history, as well as observing, reporting, and documenting warning signs of Munchausen syndrome, is essential to diagnosis of this disorder by the patient’s physician. If confronted with his or her behaviors, the patient will typically become angry, aggressive, defensive, and/or leave the hospital or healthcare provider’s office. He or she will seek medical care elsewhere. However, if approached in a gentle, face-saving way, a person with Munchausen syndrome may agree to be treated by a mental health provider. Treatment generally includes psychotherapy and behavior counseling.

Patients with Munchausen syndrome are at risk for real health problems (or even death) associated with hurting themselves or otherwise causing physical symptoms. In addition, they may suffer from risks associated from multiple tests, invasive procedures, and/or treatments. Munchausen patients are, also, at high risk for substance abuse and attempts at suicide. Initially, the medical care of patients with Munchausen syndrome is aimed at relieving the claimed symptoms and treating any injury.

While the prognosis for Munchausen syndrome is poor, treatment is extremely difficult, as most patients don’t follow through. Instead, once this factitious disorder is suspected, the patient will commonly change to another healthcare facility.

Healthcare providers should be aware of Munchausen syndrome, without being dismissive or judgmental. As with all patients, assessment and an accurate, detailed evaluation of the patient’s well being are essential.

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Competency: Demonstrates Age-Specific Competency by correctly answering 9 out of 10 questions related to Munchausen Syndrome... Characteristics.

MUNCHAUSEN SYNDROME... CHARACTERISTICS

1. Munchausen syndrome describes patients who:
   a. complain about illnesses and truly believe they are sick.
   b. invent symptoms or induce illness or injury in themselves.
   c. have chronic illnesses.
   d. fake illnesses in order to receive financial gain, such as after an accident.

2. Munchausen syndrome is a psychological problem.
   a. True
   b. False

3. Munchausen syndrome is more common in females, particularly those who are unmarried.
   a. True
   b. False

4. A patient with Munchausen syndrome may commonly do all of the following EXCEPT:
   a. contaminate a urine specimen.
   b. fake symptoms of appendicitis or another physical disorder.
   c. invent a mental disorder, such as manic-depression.
   d. hurt themselves to bring on symptoms.

5. Patients with Munchausen syndrome usually:
   a. are ignorant of symptoms of his or her condition.
   b. have infrequently been in hospitals or other medical centers.
   c. are afraid of an impending operation.
   d. have problems with identity and self-esteem.
6. Kelly is suspected of having Crohn’s disease, an inflammatory disease of the bowel, causing diarrhea and pain. When told of her possible diagnosis, which reaction would be a warning sign that Kelly may be suffering from Munchausen syndrome? Kelly:

a. cries.
b. smiles brightly.
c. asks questions about the disease.
d. wants to know if it is curable.

7. When you enter Kelly’s room, you notice she has just swallowed a pill out of a box of laxatives in her bedside table. The healthcare provider should:

a. report and document, in detail, this observation.
b. confront Kelly about causing her diarrhea.
c. do nothing, to prevent Kelly from becoming angry with you.
d. tell Kelly, “With your disease, you shouldn’t be taking laxatives.”

8. If Kelly has Munchausen syndrome instead of Crohn’s disease, all of the following can be expected EXCEPT that Kelly has:

a. reports of diarrhea only when she is alone.
b. extensive knowledge of the cause and symptoms of Crohn’s disease.
c. beliefs that she is truly sick.
d. a history of asthma in childhood.

9. Which of the following persons is at highest risk for Munchausen syndrome? A:

a. 14 year old with a pulled groin from playing soccer.
b. 25 year old, who has a history of PTSD.
c. 52 year old with situational depression.
d. 68 year old with arthritis, who lives alone.

10. Patients with Munchausen syndrome are often:

a. eager to undergo invasive diagnostic interventions.
b. unwilling to admit to lying about their health conditions.
c. skilled in lying and manipulating others.
d. at risk for eating disorders.