Munchausen Syndrome By Proxy

Katie Price, PGY-3

January 6, 2015

Prep Question

* A 10-month-old has been hospitalized for the third time for persistent vomiting and weight loss. His length and head circumference are at the 50th percentile, while his weight is at less than the 3rd percentile. His history and physical examination do not suggest a clear cause for his symptoms, and past evaluations, including infectious disease, neurology, immunology, and gastroenterology consults, have not yielded a diagnosis. His mother is friendly with the staff and doctors and has readily agreed to all suggested diagnostic studies.
* What is the MOST appropriate next step in this infant's management?

Terminology

* Falsely reported illness in child
* Induced illness in child
* Child abuse in medical setting
* Medical child abuse
* Pediatric condition falsification
* Factitious disorder by proxy
* Meadow syndrome

Definition

- Includes physical abuse, medical neglect, psychological maltreatment
- "Child receiving unnecessary and harmful or potentially harmful medical care at the instigation of a caretaker"
- Emphasis on abuse of child; NOT motive of caretaker

Definition

- Illness fabricated by parent or caregiver
- Child presented to doctors and suffers directly from perpetrator actions and/or from unnecessary testing/procedures
- Illness subsides when separated from perpetrator
- Perpetrator acting out of need to assume sick role by proxy or as form as attention seeking behavior

Epidemiology

- Rare
- 0.5-2/100,000 children <16 years
- Children <5 years
- Males = females
- Often have diagnosed underlying medical condition
- Perpetrator most often mother
- Personal history of abnormal behaviors (factitious, somatoform) in perpetrators

Presentation

* Patient features
  * History unclear or inconsistent
  * Illness is recurrent, unusual, does not respond to usual treatment
  * Problem present only when perpetrator present
  * Problem recurs when perpetrator is informed of problem resolving
  * Siblings also with unexplained illnesses, symptoms, or deaths

Presentation

- Bleeding
- Seizures
- CNS depression
- Apnea
- Diarrhea
- Vomiting
- Fever
- Rash
- Anorexia
- Feeding Problems
- ADHD
- Learning Disability
- Psychosis
- Sexual Abuse

Presentation

- Perpetrator features
  - Very compliant and involved in care
  - Familiar with medical terminology
  - Forms close bonds with medical staff
  - Appears to thrive on attention from physicians
  - Change behavior when suspected or caught

Presentation

- False Reporting
  - Altering medical records
  - Providing false information
  - Simulation of symptoms
- Induced Illness
  - Administration of medicine
  - Suffocation
  - Carotid sinus pressure
  - Injection into skin or IV lines

Dilemma for Physicians

* Difficult to diagnose
* Tempted to order various diagnostic tests and therapies
* Encourages caregiver's actions

Diagnosis

- Medical diagnosis
- Not a diagnosis of exclusion
- 3 questions:
  - Are history, signs and symptoms of disease credible
  - Is child receiving unnecessary and harmful or potentially harmful medical care
  - Who is instigating evaluations and treatment

Evaluation

- Multidisciplinary team
- Hospital setting
- Careful monitoring of interaction between patient and caregiver
- Clear documentation about clinical manifestations (observed vs reported)

Evaluation

- Detailed review of all medical records
- Comprehensive history and physical
- Lab testing
- Evaluate symptom persistence in relation to perpetrator's presence
- Covert video surveillance

Management

- PCP
- Law enforcement
- Child protective services
- Social services
- Therapist

Treatment

- Goals:
  - Child safety
  - Treatment in least restrictive setting possible
    - Therapy
    - PCP as “gatekeeper”
    - CPS

Prognosis

- 17-50% reunited with perpetrator suffer further abuse
- Many develop emotional and behavioral conditions
- Best outcomes associated with:
  - Identifiable stressor
  - Confession by perpetrator
  - Family support
  - Cooperation by perpetrator with authorities
  - Long-term follow up with multidisciplinary team

Prep Question

- A 10-month-old has been hospitalized for the third time for persistent vomiting and weight loss. His length and head circumference are at the 50th percentile, while his weight is at less than the 3rd percentile. His history and physical examination do not suggest a clear cause for his symptoms, and past evaluations, including infectious disease, neurology, immunology, and gastroenterology consults, have not yielded a diagnosis. His mother is friendly with the staff and doctors and has readily agreed to all suggested diagnostic studies. Of the following, the MOST appropriate next step in this infant's management is to:
  - A) do a thorough review of all medical records with a multidisciplinary team, including a child abuse specialist
  - B) exclude all other potential organic causes before considering a factitious cause
  - C) initiate total parenteral nutrition to improve caloric intake and support growth
  - D) obtain a pediatric surgery consult for fundoplication and gastric tube insertion
  - E) obtain a psychiatric evaluation to determine if the parent has an Intention to injure the child

Sources

* Endom, Erin. "Falsely reported or induced illness in a child." UpToDate.
* Flaherty, Emalee. "Caregiver-Fabricated Illness in a Child: A Manifestation of Child Maltreatment." *Pediatrics.* Vol. 132. No. 3. September 2013.
* Stirling, John. "Beyond Munchausen Syndrome by Proxy: Identification and Treatment of Child Abuse in a Medical Setting." *Pediatrics.* Vol. 119 No. 5. May 2007.