FACTITIOUS DISORDER

(A Case Report)

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Introduction

Factitious disorders represent some of the most disturbing, bewildering and frustrating presentations in psychiatric and medical practice. Asher in 1951 coined the term Munchausen syndrome (factitious disorder). The main features of the illness are admission to hospitals with an apparent acute illness supported by a plausible or dramatic history. Usually the story is largely made up of falsehoods; the individual is noted to have attended and deceived and astounding number of hospitals; and the patient nearly always discharges himself against advice after quarrelling violently with both doctors and nurses [1]. Various other terms had been suggested viz hospital hobees [2] and hospital addiction [3] due to frequent admissions. We report here a case diagnosed after a meticulous one year follow up.

Case Report

A 40-year-old housewife was admitted in a semiconscious state. She had hematemesis, which consisted of approximately 1.5 litres of fresh blood. Her face was blood stained and sari was soaked with blood. There was no history of intake of a gastric irritant drug. Past history revealed innumerable admissions for the same complaint in various civil and military hospitals during the last 15 years. This had been her third admission in one year for the same complaint. On examination the patient appeared semiconscious. Vital parameters were maintained. The abdomen was soft and protuberant. Liver was just palpable. Other systemic examination was normal. Repeated haemoglobin and packed cell volume estimations were within normal limits. Stool for occult blood was persistently negative. Other biochemical and metabolic parameters, ultrasonography of the abdomen and barium studies, both swallow and meal, were within normal limits. Gastric aspiration was initially blood stained, but it subsequently became clear.

With improvement, she was transferred to a general ward, where a day prior to her discharge from the hospital she had a bout of hematemesis necessitating her observation for a few more days. This happened on three occasions. Inability to come to any specific conclusion, psychiatric referral was made. The patient was very hostile and angry, felt being misdiagnosed and showed her willingness to undergo exploratory laparotomy. One day she was caught to be in possession of a stainless steel container not of

hospital pattern. It contained dark red clotted material of animal origin similar to the stain marks on her clothes.

Psychiatric evaluation revealed that she came from a broken family. Her parents, both casual labourers, lived separately. Her father was a chronic alcoholic. She was brought up by her mother, and deprived of adequate psychological and social support during childhood. She did not continue her schooling beyond secondary level. At the age of 20 years she had a love marriage with a married man. History of premarital and extramarital sexual relationship was present in both the partners. Marital disharmony was quite prominent with frequent quarrels. For the past one year her husband was involved in a sex scandal with a woman in the locality. She felt harassed, insecure and helpless. She confessed having drank goat's blood and admitted that many of her symptoms were factitious. She blamed the doctors, demanded urgent discharge from the hospital and never reported for further follow up.

Discussion

Factitious disorder has been reported to be two to three times more common in men than women. The age of onset is generally between 15 to 20 years. It is common in people with nursing profession [4]. However, our patient is a 40 years old housewife, whose illness behaviour can be best understood as 'a cry for help' to escape from having a deal with psycho-social stressors in domestic sphere. The other contributory factors in this case for illness production were parental deprivation, unmet dependency needs, maldeveloped personality traits and marital problems. Even Qureshi et al [5] had made similar observations. Many authors noted borderline personality characteristics in these patients who enter their adulthood with poor self-image and continue to feel the need to be dependent but also expecting these needs to be frustrated. To such patients the hospital is a source of relief and provides a socially sanctioned way whereby they can remain under care of parental figures mainly doctors and nurses. By allowing their fabrications to be discovered they show their contempt for the staff while at the same time provoking the staff to anger. They get a sort of retaliatory gratification in being mistreated by author-

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ity figures, ignoring the fact that the victory had been a pyrrhic one [6]. As the disease progresses they become increasingly medically knowledgeable and sophisticated in fabricating illness, keep wandering from hospital to hospital, remain less compliant with treatment and have a worse prognosis [5]. As expected the patient never reported for further follow up.

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