MUNCHAUSEN SYNDROME: A CASE REPORT

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SYNOPSIS

Munchausen Syndrome is an uncommon psychiatric disorder which is usually seen by the Physicians. A brief review on the subject, together with the clinical features, aetiology and psychopathology of the syndrome is described in this article. An interesting case is reported so as to enhance greater awareness of this disorder among the medical practitioners. A combined management approach by our medical colleagues in collaboration with the Psychiatrists is suggested.

INTRODUCTION

The term Munchausen Syndrome was first used by Asher in 1951 (1). Barker coined a more descriptive name, calling it The Hospital Addiction Syndrome. The major features of the syndrome have been defined by Bursten (2). These are: the dramatic presentation of one or more complaints, the pseudologica phantastica (pathological lying) and wandering tendency. The Diagnostic and Statistical Manual of Mental Disorders lists this disorder under the category of CHRONIC FACTITIOUS DISORDER with physical symptoms. The diagnostic criteria are:

(A) A plausible presentation of physical symptoms that are apparently under the individuals voluntary control to such a degree that there are multiple hospitalisations.

(B) The individual's goal is apparently to assume the "patient" role and is not otherwise understandable in the light of the individual's environmental circumstances (as in the case of malingering).

Asher described three clinical sub-types. The Acute Abdominal type is characterised by recurrent abdominal symptoms and evidence of multiple laparotomies. Those with a tendency to repeated foreign body swallowing come within this category. Enoch (3) reported a young nurse who swallowed a dinner fork on six occasions, necessitating gastrotomy. She eventually died as a result of this practice. The Haemorrhagic Type is characterised by alarming episodes of bleeding from various orifices. The Neurological Type presents with acute neurological symptoms such as fits, headaches and faints. Some have even undergone craniotomies.

Subsequently, other sub-types have been described, such as the Cardiac, Cutaneous and Respiratory types. Cheng (5) has described the psychiatric variety and Snowdon (6) reported cases of Feigned Bereavement.

CASE REPORT

A case report of the syndrome presenting in a 23 year old Chinese male is described. He has a history of conduct disorder since childhood and received treatment from the Child Psychiatric Clinic in 1973 and 1975. He was prone to truancy and misbehaviour in school. He comes from a lower social class background and is the third of four siblings. His performance in school was poor and Intelligence Tests revealed he was functioning at the dull-normal range. He was closer to his father but had a hostile attitude towards his mother.

Starting in 1981, he got himself admitted to various General Hospitals in Singapore. Initially he presented with repeated overdoses, somatic symptoms and occasionally simulated fits. The following year he swallowed small electric bulbs on numerous occasions to secure an admission. A laparotomy was performed once as a result of this practice.

In 1983 he was found to have Insulin dependent Diabetes and on eight occasions he took excessive sugar to simulate poorly controlled Diabetes to secure an admission. He frequently appeared at the admission room on weekends. In 1984 he molested a girl and was remanded by the Court for psychiatric observation. He has at least 30 admissions to various hospitals including 5 at Woodbridge. As a result the family had incurred huge hospital bills.

He has been physically examined and no abnormalities have been evident besides his uncomplicated Diabetes. A CAT scan of the brain done in 1981 was reported to be normal. Psychiatrically he has been diagnosed as a Personality Disorder. Prominent features in his personality are his poor interpersonal skills, psychosexual immaturity and masochistic tendencies. He is also prone to pathological lying.

During his admission he has received Milieu Therapy from the Acute Psychiatric Wards. This includes nursing care geared towards discouraging sick-role behaviour and interpersonal support provided by fellow patients, ward attendants and psychiatrists. The relatives have been helped financially in settling hospital bills as well as psychologically to alleviate their anger, distress and depression caused by his behaviour. With outpatient follow-up, he tends to default treatment before rapport could be reasonably established. Major tranquillizers have been prescribed but without much success.

DISCUSSION

Munchausen Syndrome begins around age 15 to 30 and is commoner in males. Nearly all patients have past criminal records. Pathology is centred around their masochism, dependency and psychosexual immaturity. Their need to strike a relationship with medical practitioners symbolises a re-enactment of primodial relationships with parental figures. Their desire to be subjected to medical scrutiny is a manifestation of their need to gratify erotic desires. Surgical operations are perceived as symbolising castration.

Management wise, supportive psychotherapy conducted by an experienced physician in consultation with a psychiatrist is preferred as such patients tend to avoid psychiatrists. Drug therapy and Analytical Psychotherapy have little efficacy. "Black listing" of such patients have been tried by some centres. Unnecessary admissions and investigations should be avoided as this reinforces their masochistic needs. The case described above highlights many of the clinical features and psychopathology of Munchausen Syndrome.

REFERENCES

1. Asher R: Munchausen Syndrome. Lancet 1951; 1: 339-41.
2. Bursten B: On Munchausen Syndrome. Arch Gen Psychiat 1965; 13: 261-8.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 3rd ed. 290.
4. Enoch, Trethowan. Uncommon Psychiatric Syndromes. John Wright & Sons, 1979; 78-94.
5. Cheng L, Hummel L: Munchausen Syndrome as a psychiatric condition. Br J Psychiat 1978; 133: 20-1.
6. Snowdon J, Solomons R, Druce H: Feigned bereavement: twelve cases. Br J Psychiat 1978; 133: 15-9.