MUNCHAUSEN SYNDROME – A CASE REPORT

D. Pereira^{1,2}, M. Carneiro¹, S. Neves¹, N. Madeira^{1,2}, J. Cerejeira^{1,2}

UNIVERSIDADE DE COIMBRA FACULDADE DE MEDICINA

¹ Department of Psychiatry, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

² Faculty of Medicine of the University of Coimbra, Portugal

INTRODUCTION AND OBJECTIVES

Munchausen’s syndrome is a psychiatric disorder in which patients intentionally produce symptoms with the aim to assume the sick role and gain medical attention (1).

Early recognition can avoid unnecessary treatments and invasive diagnostic studies, with their inherent risk of complications (1).

Our aim is to describe a clinical case that highlights the challenging diagnosis and clinical management of the disorder.

A comprehensive investigation with abdominal ultrasound and CT, tumoral markers and lower and upper endoscopies only revealed non-specific mucosal lesions of the intestine, of idiopathic aetiology, possibly attributed to diarrhoea *per se*.

The patient is suspected to have been taking laxatives to cause the symptoms.

She was prescribed amitriptyline 25mg, id, and was encouraged to keep follow-up in Psychiatric consultation.

CLINICAL CASE

- E., female, 47 years;
- Married, has three daughters;
- Unemployed.

History of multiple admissions in our Psychiatric department with diagnosis of Depression and Dependent Personality Disorder.

Usual medication: Sertraline 50mg, id; Diazepam 5mg, 2id; Quetiapine 100mg, id; Tramadol 150mg, 2id.

Totally dependent on her husband, yet she constantly accuses him of negligence and emotional detachment.

Has a conflictual relationship with her oldest daughters. Is supported by a 15 years-old daughter, who still lives with her.

Assumes the sick role, staying home without any activity, with multiple somatic complaints, mostly osteoarticular pain, and appealing behaviour.

Followed in Psychiatry consultations for a somatoform disorder in an irregular way (missed many appointments).

Has a background of multiple visits to the Urgency room (more than 140 episodes), the commonest complaint being diarrhoea.

Multiple admissions in Gastroenterology department due to diarrhoea and hypokalaemia.

DISCUSSION AND CONCLUSION

After multiple exams, no disease has been confirmed, which leads us to suspect that she intentionally simulates the symptoms. No direct gains from this behavior were unveiled, apart from obtaining medical and nursing care, thus placing it Munchausen Syndrome as the most likely diagnosis. DSM-5 criteria are presented in table 1 (2).

Factitious Disorder

- A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception.
- B. The individual presents himself or herself to others as ill, impaired, or injured.
- C. The deceptive behaviour is evident even in the absence of obvious external rewards.
- D. The behaviour is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder.

Table 1. Diagnostic criteria for Factitious Disorder according to DSM-5.

The standard treatment for patients with suspected Munchausen is psychotherapy (1). Some antidepressants, such as amitriptyline, can decrease gastrointestinal motility and improve diarrhea, due to its potent anticholinergic action (3).

The most important factor in a successful approach is the early recognition of the disorder, avoiding severe complications such as organ failure or mortality and unnecessary medical exams and treatments.

References: 1-Weber B, Doyle MQ. Munchausen Syndrome, StatPearls Publishing, 2019, Available from: <https://www.ncbi.nlm.nih.gov/books/NBK518999/>. 2- Diagnostic and Statistical Manual of Mental Disorders_ DSM-5 (Fifth edit). (2013). American Psychiatric Association. 3- Vahedi, H., Merat, S., Momtahn, S., Kazzazi, A. S., Ghaffari, N., Olfati, G., & Malekzadeh, R. (2008). Clinical trial: The effect of amitriptyline in patients with diarrhoea-predominant irritable bowel syndrome. *Alimentary Pharmacology and Therapeutics*, 27(8), 678–684. <https://doi.org/10.1111/j.1365-2036.2008.03633>.