A CASE OF MÜNCHHAUSEN SYNDROME THROUGH EXACERBATION OF SIADH

Pedro Casimiro¹, Margarida Bernardo¹, Virgínia Henriques¹, Filipa Fernandes Martins¹, Rodrigo Catarino¹, Sofia Coelho¹, Jacqueline Ribeiro¹

¹ Psychiatry department of Hospital Garcia de Orta, EPE – Almada, Portugal

Background and aims:

Syndrome of inappropriate antidiuretic hormone (ADH) secretion (SIADH) consists of continued ADH secretion leading to hyponatremia, hypoosmolality and natriuresis.¹ Free water restriction is an important treatment method to prevent hyponatremia and its symptoms.²

According to the ICD-11, Münchhausen syndrome or factitious disorder imposed on self (FD) is characterized by feigning, falsifying, or inducing medical, psychological, or behavioral signs and symptoms. This behavior is not solely motivated by obvious external rewards or incentives and may include intentionally aggravating symptoms of a pre-existing disorder or disease¹, like SIADH.

The diagnosis of FD is rare and it relies on a detailed chronology of the patient's medical record with systematic collection of relevant information.³ Even when diagnosed, patients often do not accept their diagnosis and refuse to adhere to any treatment, continuing to seek other hospitals and health services.⁴

Objectives:

Presentation of a case study, supported by a review of the literature with the key-words “factitious disorder”, “Münchhausen syndrome” and “SIADH”.

Case report :

Identification and background:

- 73 year-old woman, widowed, partially autonomous in daily life activities, living with one of her two daughters.
- Medical history of SIADH (with poor disease control), hypertension, stroke and type II diabetes
- Psychiatric history of dysthymic disorder with conversion symptoms (with multiple drugs used) and previous admissions in Psychiatric health facilities.
- Current chronic medication (with low adherence): mirtazapine 15 mg i.d, diazepam 10 mg t.i.d, and midazolam 15 mg i.d.

ER evaluation and admission:

- Presented at the ER with nausea, malaise, anxious mood and multiple unspecific complaints after discontinuation of antidepressive treatment.
- No physical cause was found for the symptoms, except for mild hyponatremia (132 mmol/L) that was within the usual values for the patient.
- Her caretaker didn't accept any of the suggested therapeutic options for fear of subsequent altered sodium levels. The patient was admitted in the Psychiatry department for drug therapy reintroduction with ionic monitorization.

- Less anxious, less complaints.
- Behaviour worsens when she is near her daughter.
- Asks for several exams.
- Starts bupropion (used with good results in the past).

Day 0

- Hyponatremia improves to 131 mmol/L.
- Does not accept improvement of sodium values.
- Worsening of complaints and behavior.
- Stops all drugs and starts mianserin.

Day 16

- Starts having disruptive behavior with need for chemical restraint.
- Hyponatremia worsens to 121 mmol/L.
- Starts a placebo trial and physical restraint.

Day 30

Discharge

Day 6

- Hyponatremia lowers to 115 mmol/L and mild hyperkalemia develops.
- Psychotropic drugs that could be possible culprits were changed.
- Starts water restriction. IV saline administration was not possible.

Day 25

- Hyponatremia worsens (from 131 to 123 mmol/L).
- Complaints of somatic symptoms, nocturia and dysuria.
- The patient is told that if urine analysis is normal, she will be discharged.

Day 32

- Hyponatremia improves to 126 mmol/L in two days, suggesting free water intake.
- Complaints of multiple nonspecific symptoms worsen.
- Asks repeatedly about her blood sodium levels

Conclusion

FD is underdiagnosed and it represents a management challenge, due to the deceptive behaviors involved and the lack of consistent studies about this syndrome. Also, it generates unnecessary investigations, procedures, treatments and admissions in health care facilities, associated with high costs, a heavy burden on health professionals and harm to patients.

More investigation about FD is needed in order to permit its early detection, limit waste of healthcare resources and offer patients the best course of action.

References:

- 1 – World Health Organization. (2018). *International statistical classification of diseases and related health problems (11th Revision)*; 2 – Sørensen, J. B., Andersen, M. K., & Hansen, H. H. (1995). Syndrome of inappropriate secretion of antidiuretic hormone (SIADH) in malignant disease. *Journal of Internal Medicine*, 238(2), 97–110; 3 – Bass, C., & Halligan, P. (2014). Factitious disorders and malingering: challenges for clinical assessment and management. *The Lancet*, 383(9926), 1422–1432; 4 – Sousa Filho, D. D., Kanomata, E. Y., Feldman, R. J., & Maluf Neto, A. (2017). Munchausen syndrome and Munchausen syndrome by proxy: a narrative review. *Einstein (Sao Paulo)*, 15(4), 516–521