Factitious Disorders in Medical Settings

Brad K. Grunert, Ph.D.
Department of Plastic Surgery
Medical College of Wisconsin

Disclosures
I have no financial or pharmaceutical affiliations to disclose

Objectives
1) Participants will be able to define the differences between malingering, factitious disorders and conversion disorders
2) Participants will be able to identify the psychological differences between each of the disorders

Objectives
3) Participants will be able to identify appropriate treatments for each of the above diagnoses
4) Participants will appreciate the difficulties in treating these populations from an integrated care perspective

Comparison of characteristics

<table>
<thead>
<tr>
<th>Type of disorder</th>
<th>Awareness of symptom production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conversion disorder</td>
<td>No awareness</td>
</tr>
<tr>
<td>Factitious disorder</td>
<td>Aware</td>
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<td>Malingering</td>
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Comparison of characteristics

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<th>Type of disorder</th>
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Hand Disorders

- Example to illustrate how to evaluate and treat these types of disorders
- Based on over 35 years of experience
- Demonstrates how integrated care is essential for optimal outcomes
- Critical that the entire team be informed and recognize the nature and goals of treatment

Psychogenic hand disorders can be classified by both physiologic and psychologic characteristics

Previous research has demonstrated a relationship between the physiologic presentation and patient outcome (Grunert, et al, 1991)

Postural deformities had the best prognosis
Factitious lymphedema had a fair prognosis
Self wounding/wound manipulation had the poorest prognosis

Findings of our current clinical case studies over the past 15 years

53 patients with postural deformities
34 clenched fist deformities  
4 hyperextension deformities  
5 co-contraction deformities  
4 ratchet hand deformities  
6 other postural deformities

11 patients with sensory abnormalities

Psychological diagnosis of these 64 patients was one of conversion disorder

Conversion disorders are unconsciously motivated and produced

Believed to result from serious psychological conflict  
Bilateral symptoms are quite common  
Symptoms often respond well to treatment

Types of treatment
  Psychotherapy  
  Suggestion and hypnosis  
  Hypnotic anesthesia interviews  
  Anti-depressants
Sensory disturbances often respond better than postural deformities

Misdiagnosis of conversion disorders due to actual physiopathology is 4% (Stone, et al, 2005)

42 patients with lymphedema
33 factitious lymphedema
9 Secretan’s syndrome

Psychological diagnosis of all 42 patients is factitious disorder with physical symptoms

Caused by self-inflicted tourniqueting in 33 cases
Caused by striking the hand on objects in 9 cases

Casting is treatment of choice
Symptoms rapidly clear with casting
Recur when casting is removed
Factitious disorders are unconsciously motivated but consciously produced.

Treatment of choice is psychotherapy with physical management of the symptoms.

12 patients with non-healing or recurrent wounds. Psychological diagnoses of all 12 patients was factitious disorder with physical symptoms and personality disorder.

Wounds typically heal when casted. Recur when casting is removed. If casted for prolonged periods, wounding can appear on the contralateral or lower extremities.

Psychotherapy for a prolonged period is the only treatment to be effective to date.

27 patients with pseudo-dystrophy (disuse):
- Clenched fist with macerated palm
- Paradoxical stiffness
- Lack of pain with passive flexion
- Inconsistent pain during examination

Treatment includes physiotherapy and psychotherapy.

Videotapes of patients mobilizing limbs under sedative hypnosis can be helpful.
Summary

• Patients with these disorders are treated based upon whether their symptom production and motivation for outcomes are conscious or not
• An integrated team is necessary for successful treatment
• Even with the most effective treatment, many of these patients will fail to improve