Suspected Factitious Disorder in Pregnancy: Should You Confront the Patient?

Ashwin Karnik, MD, Sanika Gadkari, MD, Julia Ruark, MD, MPH

UW Medicine
UW SCHOOL OF MEDICINE

CASE

A pregnant patient at 31 weeks gestation with charted history of factitious disorder (FD) presented with a headache and was admitted by obstetrics for workup of pre-eclampsia. Psychiatry was consulted due to concern for new factitious pre-eclampsia.

RELEVANT CHART HISTORY

- Sequential presentations to other academic centers with vague and inconsistent physical symptoms
  - Frequent against-medical-advice discharges unless invasive tests and interventions were offered
- Diagnosed with mast cell activation syndrome and postural orthostatic tachycardia syndrome
  - Chest port placed for regular infusions of diphenhydramine and lactated ringers
  - Prescribed epinephrine pens yearly
- Several episodes of infective endocarditis
  - During one episode of endocarditis, was diagnosed with Cushing’s syndrome
  - Lab confirmed serum triamcinolone, diagnosis of FD was charted
  - Confronted about surreptitious triamcinolone use, which she denied
- Began to present to a different medical institution

CURRENT HOSPITAL ADMISSION

- Hypertension only intermittently, shortly after visits from husband
- Constant headache with acute exacerbation only during hypertensive episodes
- Proteinuria measured just under 0.3g/24hr
- Relevant mental status exam: slightly diaphoretic but otherwise comfortable, guarded about psychiatry presence, perseverative on physical discomfort of pregnancy but denied wanting pregnancy to end early, remarkably insightful about pre-eclampsia

DISCUSSION

Current Literature on Confronting Patients about Possible Factitious Behavior

- No agreement on when and whether to confront factitious behavior. Consider risks and benefits
- Some patients who are confronted will remit, even if they deny behavior and disengage
- Poor prognosis in general, but better outcomes associated with trusting therapeutic relationship
- Little to no systematically reviewed evidence in cases of factitious disorder in pregnancy

Risks and Benefits of Confronting in this Case

- Benefits: protect patient from progression to eclampsia, protect fetus from complications
- Risks: need to inform patient before confirmatory lab test, long-term relationship cannot be established due to time-sensitive medical condition, patient disengages in care and loses trust, patient induces more severe symptoms, patient and fetus suffer complications before seeking care again

CONCLUSION

- Patient was not confronted, pre-eclampsia could not be ruled out, so labor was medically induced.
- FD in pregnancy is unique and seldom-reported, making it difficult to apply the little available evidence about confrontation.
- Without applicable evidence, it is reasonable to assess the acuity of the medical situation and weigh the potential impacts of confrontation and non-confrontation on clinical outcomes of both patient and fetus.

References

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