David Y. Graham Lecture

Factitious Disease

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BF 47 year old woman

• Episodic paralysis associated with severe hypokalemia (1.8 and 0.8 mEq/L) and alkalosis ($\text{HCO}_3^-$ = 35 mEq/L)
• Marked elevation of renin and aldosterone
• Juxtaglomerular hyperplasia on renal biopsy
• Diagnosis Bartter’s Syndrome
**JG Hyperplasia due to Bartter’s Syndrome**

- New
- Rare
- Exciting
- Case conferences
- Visiting professors

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**BF, subsequent research studies**

- Sodium balance (mEq/day)
  Intake = 100; Urine = 50; Stool = <1
- When urine was alkalinized to measure steroids, a purple color developed (phenolphthalein).

The patient not only concealed laxative ingestion, but also secretly disposed of most of her stools to hide the fact that she had diarrhea.

Some issues raised by David Graham’s case

• Why would anyone do this to themselves?
• How common is Factitious Disease?
• Why is Factitious Disease so hard to detect, even by an astute physician?
• Diagnosis and management
• Ethical problems for physicians

Conscious and intentional feigning or production of illness

Factitious disease: motivation is a psychological need to assume the sick role, in order to obtain emotional gain.

Malingering: motivation is material gain, such as money, lodging, food, drugs, avoidance of military service, or escape from punishment.
Spectrum of Factitious Disease

A. Subtle (common)
   • Mainly women
   • Cooperative, reserved
   • Ready and willing for any test or procedure
   • Polysurgery
   • Typically have family, a job, and insurance.
   • No aliases
   • Dx overlooked

B. Munchausen’s Syndrome (rare)
C. Munchausen’s Syndrome by proxy

Proposed pathogenesis of subtle FD

A. Unconscious motivation
   Because of some early deprivation or trauma, the child subconsciously learns that illness provides relief from emotional discomfort.

B. Conscious fraudulent behavior as an adult
   At times of emotional distress, the patient knowingly feigns or induces physical illness and becomes a patient. This relieves the emotional distress.
How does physical illness relieve emotional distress?

- Sympathy, warmth and nurturance
- Rare disease brings increased attention
- Heroic image
- Relief from an expected “achiever role”
- Patient gains control over her life

Kind, tolerant and empathetic doctors and nurses provide a haven for patients with such needs. In time, disease simulation becomes central to the patient’s life, and her relationship to doctors becomes as intense as addiction.

Comments on proposed pathogenesis

1. Neither the patient or anyone else ever learns anything about the early deprivation/trauma that presumably initiates the illness-seeking behavior.
2. As adults, the patients are fully aware of what they are doing.
3. If asked if they are inducing disease, patients usually lie. However, most are never directly asked, and they do not need to lie.
How common is subtle FD?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Urinary stones</td>
<td>3.5%</td>
</tr>
<tr>
<td>FUO at NIH</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic idiopathic diarrhea</td>
<td>26%</td>
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in a Clinical Research Center

Before 1997: phenolphthalein, senna, MOM
After 1997: bisacodyl, senna, MOM, PEG, phosphosoda

Notes: (a) Many of these patients simultaneously take diuretics.
(b) Bisacodyl replaced phenolphthalein in 1997

Normal subjects with bisacodyl or senna induced diarrhea: accuracy of urine or stool analysis (TLC) by NMS

<table>
<thead>
<tr>
<th></th>
<th>False -</th>
<th>False +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisacodyl</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Senna</td>
<td>100%</td>
<td>0</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisacodyl</td>
<td>18/22 = 81.8%</td>
<td>41/44 = 93.2%</td>
</tr>
<tr>
<td>Senna</td>
<td>0/22 = 0%</td>
<td>44/44 = 100%</td>
</tr>
</tbody>
</table>
Melanosis coli
H&E stain

Pigment-laden macrophages between crypts. Probably lipofuscin released by damaged epithelial cells.

M, 37 year old woman
Diarrhea associated with hypokalemia and weight loss began a few days after reconstructive jaw surgery.

Evaluated by two gastroenterologists
• stool negative for pathogens and toxins
• upper and lower endoscopy with biopsies, CT, small bowel series, all negative
• VIP, gastrin, 5HIAA, etc. were WNL

TPN started when weight dropped to 108 pounds.
M, 37 year old woman, continued

Referred to third gastroenterologist when diarrhea had persisted for 2 years.

Options for 3rd gastroenterologist include:

a) Assume that previous tests missed the diagnosis (false negative results): repeat endoscopy, biopsies, CT, etc.

b) Review old colon biopsies for melanosis coli.

c) Urine specimen for bisacodyl and diuretics.

d) Do a quantitative stool collection for weight, fat, electrolytes, etc.

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**Stool Collection by M**

Stool weight = 995 g/d  
Fat = 1.5 g/d  
Na⁺ = 99 mEq/L  
K⁺ = 36 mEq/L  
Cl⁻ = 81 mEq/L  
HCO₃⁻ = 20 mEq/L

**Conclusions:**

1. Secretory diarrhea without steatorrhea
2. No osmotic laxative
Options for 3rd Gastroenterologist after stool analysis include:

- Repeat endoscopy, CT scan, peptide hormones, etc. for authentic causes of secretory diarrhea without steatorrhea.
- Give the disease more time, hope it will be self limited.
- Refer M to a psychiatrist to evaluate for FD
- Confront the patient about suspected FD
- Get more clinical data

Interview with M’s sister by phone

- For last 6 years M worked in a doctor’s office.

- M is a great believer in medicine. Doesn’t see risks. Had multiple knee surgeries (4) without clear-cut need, and the jaw surgery had a questionable indication. These surgeries made her the center of attention.

- M married to a loving and caring husband. Unable to get pregnant, took fertility drugs, had tubal pregnancies, now no hope of children. Diarrhea started 3 months later.
Meaning of positive TLC tests for bisacodyl in urine: effect of prevalence of bisacodyl ingestion

Clinical Evidence favoring Factitious Diarrhea in M

- Woman, works in a doctor’s office
- Polysurgery
- Secondary gain according to sister
- Urine positive for bisacodyl
- No authentic disease to explain diarrhea

Bisacodyl or senna could explain her secretory diarrhea without steatorrhea
“Sympathetic Confrontation by the clinician is the foundation of effective management”

- “We need to talk about this before we subject you to further diagnostic tests and treatments which might cause harm”.
- Let patient know what you suspect, but no outright accusation
- Support suspicion with facts that support FD
- Allow face saving, “Maybe you got it from a health food store.”
- Avoid probing for motivation
- Reassurance: only “need to know” will be informed, I will continue to be your doctor.

Confrontation of M, husband attending

Response:

- Calm, but absolute denial, very believable
- A few tears, but no overt anger
- Husband believed M was truthful

Subsequent search of patient’s personal belongings by M’s husband revealed a box of “Correctol for Women”
Interview with M’s sister 4 years later

• Generally things are a lot better for the entire family, and it was a wise decision to confront the patient. However, patient felt betrayed, and she never accepted the diagnosis.

• She still has various medical problems almost constantly. She remains fascinated by illness.

• 2 weeks ago she had hip surgery, in June a cholecystectomy, last year surgery for teeth grinding.

• Probably not taking laxatives, but several times a year she is hypokalemic (diuretic was found in her urine).

Hippocratic Ethic (paraphrased)

Kass, General Hospital Psychiatry, 1985

Whatever secrets I see or hear, I will not divulge.
(Right to privacy, informed consent, confidentiality)

I will keep my patients from harm.
(Avoid iatrogenic disease, prevent self-injury)

I will follow that system, which according to my ability and judgment, I consider for the benefit of my patient.
(Physician should resolve conflict for each patient individually)
Surreptitious Laxative Ingestion

Diarrhea \(\rightarrow\) Metabolic disorders \(\rightarrow\) Abdominal pain \(\rightarrow\) Weight loss

Tests and treatment
- Immunoassays
- Endoscopy/biopsy
- CT scans
- Prednisone

Iatrogenic Diseases
- Gastrectomy
- Pancreatectomy
- Colectomy
- Aseptic necrosis

The greatest damage to these patients is iatrogenic, rather than symptoms created by the patients.

Examples of self induced FD
- Diarrhea, concealed vomiting, weight loss, hematemesis/melena, liver disease (vitamin A), pseudo-obstruction (emetine), pancreatitis, cystic fibrosis, edema, ascites, unhealed abdominal wounds, abdominal pain
- Cancer – patients present false documents
- Wounds, abscesses, sepsis, fever, AIDs
- Anemia, anticoagulant toxicity, marrow depression
- Endocrine diseases, hypoglycemia, pheochromocytoma
Examples of self induced FD

• Heart failure - Emetine
• Insanity, depression, seizures, pain syndromes, reflex sympathetic dystrophy
• Eating disorders
• Salt poisoning, Bartter’s syndrome, metabolic alkalosis, hematuria, proteinuria, renal stones
• Toxicity from any medications the patient may have access to

Role of psychiatrist in Dx and Rx

• Beware referral of suspected case of FD to a psychiatrist.
• Best the psychiatrist can do for diagnosis is to encourage referring physician to confront the patient on the basis of clinical evidence.
• There can be no helpful psychiatric treatment until deception is first surrendered, which is rarely the case.
• No proof that psychiatric therapy is useful.
Why is diagnosis of FD so difficult?

**Patients:** They are clever and make themselves superficially indistinguishable

**Physicians and nurses:**
- Almost never consider FD
- Do not search for positive evidence of FD from patient, her family, previous doctors, or medical records
- Fear confrontation

Goals of physicians in FD

- Prevent patient from harming herself
- Avoid becoming the agent of iatrogenic disease
- Reduce emotional distress in patient’s family
- Reduce wasting of medical resources
- Don’t overlook authentic disease

Unfortunately, there is no cure for the proposed underlining psychological need of these patients to be sick and to undergo diagnostic and therapeutic procedures.