

SPECIAL TOPIC: FACTITIOUS ILLNESS BY PROXY (MUNCHAUSEN SYNDROME BY PROXY)

Factitious illness by proxy (Munchausen syndrome by proxy) is a form of child abuse that is particularly difficult to diagnose and treat (Ayoub and Alexander, 1998).¹ In Munchausen syndrome by proxy, a caregiver (usually the mother) pretends an infant or child is ill or causes the child to be ill (Schreier and Libow, 1994). The caregiver's motivation for this behavior is thought to be a psychological need to join the child in the sick role and to receive attention by proxy. Because of the syndrome's potentially lethal outcome and the high risk of long-term physical and psychological morbidity, recognition is critical. The following may help primary care health professionals diagnose the syndrome (adapted, with permission, from Schreier and Libow, 1993, 1994):

- The child is most commonly an infant or a young child
- The perpetrator is usually the child's mother and often has had some medical training
- The majority of symptoms involve the gastrointestinal, the genitourinary, or the central nervous system
- The child's signs and symptoms may be incongruous with the presented history or usual clinical course of defined illnesses
- History may reveal that the child has received care at a number of facilities

- The caregiver may report that commonly accepted treatments have not been effective or have been poorly tolerated
- Often a number of subspecialists are consulted, locally and nationally
- Signs and symptoms may occur only when the caregiver is present, and/or they seem not to respond to prescribed treatments
- The caregiver may report that the child is allergic to a wide variety of foods and/or drugs
- Laboratory results are often inconsistent
- The child may be discharged from the hospital against medical advice
- The caregiver may remain constantly at the child's bedside but may not appear appropriately worried about the child's illness

Because of the difficulty in diagnosing and addressing this syndrome, a supportive team approach taken by medical, psychiatric, nursing, and social work personnel is essential. When faced with confusing or contradictory symptoms, particularly of the gastrointestinal, the genitourinary, or the central nervous system, the primary care health professional should consider consulting with a colleague on diagnosis and treatment. If a case of Munchausen syndrome by proxy is suspected, the following interventions may

¹There are two components associated with diagnosing Munchausen syndrome by proxy: identifying the victimization of the child and identifying the psychological motivation and characteristics of the perpetrator. A child subjected to victimization related to the syndrome is a victim of child abuse. The perpetrator would be diagnosed as having factitious disorder by proxy (Ayoub and Alexander, 1998).

be helpful (adapted, with permission, from Sugar, 1990):

- While evaluation is being conducted, the child's safety must be ensured. If the child is hospitalized, he should be under constant observation by health professionals. If the child is not hospitalized, or if the caregiver insists on taking the child home before the evaluation is complete, health professionals need to decide whether the child is in sufficient danger to warrant seeking legal custody through the courts or child protective services. (Be aware that the caregiver may remove the child from care if the caregiver's suspicions are aroused.)
- Hospital attorneys should be informed of any suspected cases of Munchausen syndrome by proxy.
- Health professionals should obtain as much medical and psychosocial history as possible and should strive to form an alliance with family members.
- Child psychiatric consultation is key in assessing and supporting the child, family, and health professionals.
- Encourage all health professionals involved to communicate openly and regularly about all aspects of the child's care to avoid the possibility of being manipulated by the caregiver.
- Once enough evidence has been obtained to make the diagnosis, all health professionals involved should carefully discuss how to present the conclusion to the family. Follow-up with needed services (child protective service agencies, mental health services for the child and family) should be in place when the diagnosis and treatment plans are presented to the family.
- Careful documentation of all treatment and interventions is essential, as repeat offenses are common, and it is often difficult to definitively diagnose the syndrome.

Resources for Health Professionals and Families

American Academy of Pediatrics (AAP) Section on Child Abuse and Neglect and Committee on Psychosocial Aspects of Child and Family Health
Phone: (800) 433-9016
Web site: <http://www.aap.org/sections/scan/information.htm>

The AAP Section on Child Abuse and Neglect and the Committee on Psychosocial Aspects of Child and Family Health have developed recommendations to address psychosocial and behavioral problems more effectively. Teaching aids include Visual Diagnosis of Child Abuse (a CD-ROM from the AAP that can be ordered online at http://www.aap.org/acb2/showdetl.cfm?&DID=15&Product_ID=2289&CATID=108) and Raising Children to Resist Violence: What You Can Do (a brochure from the AAP and the American Psychological Association).

American Professional Society on the Abuse of Children (APSAC)
407 South Dearborn Street, Suite 1300
Chicago, IL 60605
Phone: (312) 554-0166
Web site: <http://www.apsac.org>

APSAC is a multidisciplinary group composed of medical providers, law enforcement personnel, lawyers, and mental health professionals. The organization has many active state chapters and conducts regular state and national multidisciplinary trainings.

Child Abuse Prevention Center
2955 Harrison Boulevard, Suite 104
Ogden, UT 84403
Phone: (801) 627-3399
Web site: <http://www.capcenter.org>

Childhelp USA
15757 North 78th Street
Scottsdale, AZ 86260
The Childhelp/IOF Foresters National Child Abuse Hotline
Phone: (800) 4-A-CHILD (422-4453)
Web site: <http://www.childhelpusa.org>

Kempe Children's Center (formerly the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect)
1825 Marion Street
Denver, CO 80218
Phone: (303) 864-5252
Web site: <http://www.kempecenter.org>

National Center on Shaken Baby Syndrome
2955 Harrison Boulevard, Suite 102
Ogden, UT 84403
Phone: (801) 393-3366, (888) 273-0071
Web site: <http://www.dontshake.com>

National Children's Advocacy Center (NCAC)
200 Westside Square, Suite 700
Huntsville, AL 35801
Phone: (256) 533-0531
Web site: <http://www.ncac-hsv.org>

National Clearinghouse on Child Abuse and Neglect Information
330 C Street, S.W.
Washington, DC 20447
Phone: (703) 385-7565, (800) 394-3366
E-mail: nccanch@calib.com
Web site: <http://www.calib.com/nccanch>

Prevent Child Abuse America (formerly the National Committee to Prevent Child Abuse)
200 South Michigan Avenue, 17th Floor
Chicago, IL 60604-2404
Phone: (312) 663-3520
Web sites: <http://www.preventchildabuse.org>;
<http://www.healthyfamiliesamerica.org>

For information on preventing child abuse and neglect, call (800) CHILDREN (244-5376).

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