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Review article

Munchausen syndrome by proxy – A Literature review

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ABSTRACT

Munchausen syndrome by proxy was first described by a pediatric nephrologist Roy Meadow, in the year 1977. The typical form involves inducing illness in the child by parent or other caregiver, and lures the clinician with fabricated stories. It involves the parents exaggerating symptoms of illness of their child, thereby resulting in overly aggressive medical evaluations and interventions. Usually in such cases the mother is frequently involved than the father. A common scenario is that sometimes even the physician plays a role in inflicting abuse in the child. It is imperative that the physician recognizes this because of failure in diagnosing leads to repeated abuse of the child sometimes even resulting in death. Hence diagnosing the Munchausen syndrome by proxy with increased self awareness reduces the morbidity and mortality rates amongst the children. The article reviews on the munchausen syndrome by proxy , particularly on the diagnosis and its management to bring about an increase in the awareness of this syndrome. This article aims at bringing about that awareness thereby helping in its management and being beneficial to the child

Introduction

Munchausen syndrome by proxy (MSBP) is a form of child abuse in which the caretaker fabricates illness on the child by subjecting them to immense levels of trauma, both physically and emotionally [1]. The syndrome is characterized by repeated fabrications of physical illness that are usually acute, dramatic and convincing. It was initially recognized in adults who fabricated symptoms for the purpose of adopting a sick role and subjecting themselves to medical investigations [2].

History behind the syndrome:

Munchausen syndrome has been named after an extravagant raconteur, Baron van munchausen, His famous and fanciful narrations of his imagined exploits in the form of fictions made his name in literature. The syndrome was likened to be called when a parent or a care taker of the child fabricates symptoms on a dependent individual about child's illness or when the perpertrator directors induces illness to the child by harming them [3].

The syndrome was used in 1952 by Dr. Richard Asher to describe adults who fabricated with medical illness to gain medical attention [4]. In 1977, the terminology was coined by a British pediatrician Roy Meadow to describe two cases of mothers who induced symptoms in their own children resulting in severe physical assault to the body and death. In this relevance, munchausen syndrome by proxy gained importance and recognition due to the seriousness of these consequences [5].

In 1994, the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) stated the terminology "facituous disorder by proxy (FDP)" to describe psychiatric illness of the perpetrator who fabricated illness on their victims [3].

There was a confusion in the terminology regarding the use of Munchausen syndrome by proxy because few experts insist that the term be used only when the parent is seeking medical care due to personal compulsion to relate it to the medical care system [6,7] whereas few others say its not the parents motivation which is important [8,9]. Further, few authors insist that the term has to be extended to those cases where medical neglect or noncompliance resulted in physical or mental assault [10,11,12]. To alleviate these queries the American Professional Society on the Abuse of Children (APSAC) suggested the term pediatric condition falsification (PCF) to describe this condition in the abused child. PCF may or may not be associated with FDP. However, the APSAC requires the presence of both FDP and PCF to diagnose Munchausen syndrome by proxy [13].

The term medical child abuse (MCA) was proposed recently by Roesler and Jenny to describe the excessive, unnecessary and harmful medical or sur gical treatments unknowingly imposed on the child at the instigation of a caregiver.[6]

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Munchausen syndrome by proxy:

The terminology applies to a child receiving excessive medical care which is unwarranted due to the parent misinterpreting the symptom. Sometimes the parents also purposefully harm the child and manipulating laboratory tests to create symptoms [14]. It is important to determine this because ignorance of the physician/ dentist to diagnose this condition may result in harm and death to the child.

Incidence

More than 700 cases from 52 different countries have been reported of this syndrome so far with an equal incidence of both boys and girls affected [15].The incidence of MSBP is reported to be 0.4 in 100,000 children less than 16 years of age and it is 2 per 100,000 in children younger than 1 year of age. Studies by different groups suggest that atleast 1% of children with asthma and 16-30% of children with allergy has been subjected to MSBP [16,17]. In an English town, about 39 cases out of 20,000 had reports of intentional suffocation[18]. A survey by British pediatric association surveillance unit found 128 cases in UK and Ireland over 2 years with 2.8 cases per 100000 children younger than 1 year and 0.5 cases per 100000 younger than 16 years are affected [19].

The Perpetrators

In more than 95% of the cases of MSBP the mother is the perpetrator of the child's illness. In a review by sheriden mothers were the perpetrators in 76.5% and fathers were the perpetrators in 6.7% of the 450 cases [20].Mothers were the perpetrators in all the 135 cases reported by Feldman et al [21].This is completely in contrast to the parental hypothesis theory which suggests that mothers are more interested in the wellbeing of their children. Sad proposed that in some female patients their motherly instincts are subverted by narcissistic attributed and increased need for attention [22]. Many of the abusing mothers often have a history of psychiatric illness.

Effects of MSBP on child

MSBP is characterized by four important features (i) fabrication of illness by caretaker or giver (ii) child subjected to multiple diagnostic procedures and characterized by persistent illness (iii) the perpetrator denies the cause of child illness. (iv) the separation of the child from the perpetrator stops the symptoms and signs presented by the child [23]. The effect of MSBP on a child includes physical, emotional and psychological harm. The child often experience a deterioration of existing medical health condition due to non-adherence to the medical treatment towards a genuine illness or he/she may acquire medical problems due to invasive diagnostic procedures and surgeries ordered by unwitting physicians. The child victims may undergo an acute or chronic harm resulting in death [24].Emotional and psychological effect is this illness is even more devastating, as the trust in parent child relationship is violated. Recent studies suggest that child victims of MSBP have a high chance of getting affected by this syndrome [25].

The most common symptoms of MSBP includes recurrent sepsis due to injection of fluids, chronic diarrhooea due to laxative abuse, false renal stones by placing peppbles in the urine, apparent fever from heating a thermometer, rashes from trauma and false laboratory reports by placing blood or sugar in the urine [23]. Other symptoms include apnea, CNS depression, seizures, bleeding, vomiting, diarrhea, fever, rash, allergies and psychiatric symptoms [26].

Morbidity and Mortality

The incidence of deaths and medical complications are vaguely understood as most of the cases go unreported. The mortality rate ranges between 9-31% in index cases..Sheridon based on his study reported a mortality rate of 6% and long term injuries in7.3% of the index cases [20]

Morbidity can result either due to the direct result of the abuse or due to the various unnecessary invasive diagnostic and surgical procedures done by the physician. Mclure et al (1996) based on her study of 128 abused children reported that 122 children were admitted in the hospital for abuse of which 93% received unnecessary interventions,45 of them had major medical illness,31 had minor physical illness and died [27].

Bools et al reported the outcome of 54 children aged between 1-14 years subjected to MSBP and concluded that several of them had behavioral issues, achievement problems, emotional and conduct disorder, sleep disorders and post- traumatic stress disorder (PTSD) [28].Adult survivors who were child victims also seem to be suffering from PTSD.

Diagnosis:

The inconsistent signs and symptoms are undetectable and this males the diagnosis of this fabricated diseases difficult. The exaggeration and fabrication of the symptoms can often be differentiated by the researchers. The role of a clinician is very important and should be based on the amount of potential harm to the child. Physicians are often attracted in these scenarios to make making unnecessary diagnostic tests and treatments which could be injurious. The harmful medical care in these instances can range from a range of diagnostic search that supports the fabrications of the symptoms given by the parent [29].

When a clinician doubts that an illness could have been fabricated, it becomes pivotal for him to make a diagnosis to protect the child from any further harm. To find whether the signs and symptoms have been fabricated the clinician should collect information from the people involved and discuss the event with the concerns. It is imperative to know that fabrication of medical illness in these situations is a medical diagnosis. Although opinions from professionals such as psychologists and social workers are helpful in making a diagnosis, the confirmatory diagnosis is often difficult to make [29,30,31]

Management

Recognizing MSBP as a form of child abuse occurring in a medical practice, a protocol is established to protect the children. Child protective agencies have been mandated to handle the abused child safe regardless of whether the abuse occurs at home or hospital. The basic principles to be considered in child abuse are to make sure the child is safe, the child's future safety is assured and to allow treatment to occur in the least restrictive setting as possible.

If the parent or caretaker persists in harming the child, child abuse in this form should be reported in the same way as physical or sexual child abuse. Wben a dependent child is being hurt by an adult's action the child protective services should be involved. The interventions which can be done includes the application of an individual or family therapy by the primary care physician as he is responsible for future medical care utilization. The primary care shouls monitor the ongoing medical care and monitor the signs and symptoms in a hospital setting. The primary care should also place the child in a different family setting and prosecute the offending family members and to eliminate their access to the child[1].

Conclusion

The detection and management of munchausen syndrome by proxy is a challenging task by itself due to fabricated results. MSBP requires an effective management as it is a serious form of child abuse with considerable rate of mortality.

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