

Background

- Missing or misdiagnosing factitious disorder can severely risk patient health.
- In 2023, a Florida jury awarded Maya Kowalski's family over \$200 million after a hospital was found to have misdiagnosed factitious disorder by proxy, resulting in medical negligence and emotional distress.
- However, there remains an absence of clear guidelines for management when there is suspicion for the diagnosis (Eastwood, 2008; Bass, 2014).

References

1. Eastwood S, Bisson J: Management of factitious disorders: a systematic review. *Psychother Psychosom* 2008; 77:209-218.
2. Bass C, Halligan P: Factitious disorders and malingering: challenges for clinical assessment and management. *Lancet* 2014; 383:1422-32.

Case Presentation

A 21-year-old woman with a reported history of mast cell activation syndrome, pediatric autoimmune neuropsychiatric disease associated with streptococcal infection, and chronic Lyme disease presented for management of acute on chronic pain.

On chart review

- Multiple treatments with unclear indications, as well as medical consultations across the country
- Patient pursued surgery for median arcuate ligament syndrome (MALS) in a different state after her local gastroenterologist did not find evidence of anatomic MALS

While hospitalized

- Patient's mother was continuously at bedside
- At times mother would speak on behalf of patient regarding the patient's pain level. Mother also made multiple requests for prophylactic lorazepam and fentanyl for the patient's psychogenic seizures
- Concern arose regarding possibility that mother was administering esketamine to the patient, resulting in suspension of her visitation rights
- Sitter was ordered
- Upon further investigation, the medication was determined to be compounded intranasal ketamine, which had been prescribed for the patient by an outpatient pain specialist
- The mother's visitation rights were reinstated on the advice of our legal department

Family's response

- Family opposed the placement of a sitter
- They wanted complete access to the patient's medical records, including notes marked as sensitive
- They did not want notes to document that the patient's mother was making medical decisions for her, despite prior discussions in which the patient expressed her wish to defer all medical decisions to her mother, regardless of her capacity
- Mother expressed that she should be present at any time a provider wanted to assess the patient or discuss treatment plans with her

Discussion

- Factitious disorder (especially by proxy) was considered in the differential diagnosis of this case, in addition to somatic symptom disorder.
- Management of this case was challenging and raised multiple questions:
 - What constitutes as adequate suspicion for factitious disorder?
 - How should we manage cases in the absence of definitive proof?
 - The 21st Century Cures Act now allows patients to access their records in real time. How do we discuss medical documentation with patients and families, particularly when there is conflict over what is documented?
- The sitter's presence, though intended to minimize the risk of harm to the patient, negatively affected the medical team's therapeutic relationship with the patient and her mother.

Conclusions

- Diagnosis and management of factitious disorder are challenging.
- Careful review of prior medical records, combined with multidisciplinary collaboration, is essential.
- Early involvement of legal affairs is warranted, especially when there may be an indication to restrict a patient or family member's rights.
- Best practice guidelines should be developed to optimize the management of factitious disorder.