

Protocol for suspicion of Munchausen Syndrome By Proxy

Children's Hospital Medical Center of Cincinnati

Definition: The parent or caretaker fabricates an illness in a child and subjects him/her to unpleasant and potentially harmful medical procedures. MSBP is difficult to diagnose, extremely frustrating to medical staff, and usually requires a multidisciplinary evaluation to identify. Typical examples of MSBP include smothering to produce apnea or administration of ipecac to produce vomiting in a child. Methods of simulating illness are unlimited. The parent/caretaker may actively induce the illness/symptoms in the child and/or fabricate or exaggerate the symptoms.

Warning Signs:

- An unrelenting illness, often with unusual symptoms, that does not respond to typically effective treatment.
- Quick recovery once the child is hospitalized or separated from the caretaker.
- The perpetrator is often the mother and she is overly involved with the child and isolated from other family members.
- The mother maintains a vigil at the child's bedside and often presents as a "model" parent who frequently attempts to befriend the health care workers and thrives on their attention.
- The mother seems calm in proportion to the gravity of the child's symptoms.
- Mother often has a medical background or interest in the medical field.
- There may be a history of unusual illnesses or unusual illnesses in death in siblings or the parent.

Differential Diagnosis:

- Undiagnosed medical condition
- Exaggerated Illness. Belief in illness, despite repeated tests and examinations to the contrary, with false reporting of history and symptoms but no active induction of symptoms.
- Somatization Disorder: Physical complaints not due to true physical disorder. The symptoms are not intentionally produced.
- Malingering: The patient consciously produces symptoms in order to obtain some readily identifiable gain, i.e., to be off work.
- Conversion Reactions: An alteration or loss of physical functioning that suggests a physical disorder, but instead is apparently and expression of unconscious psychological conflicts or need (symptoms are not intentionally produced).

Diagnostic Work-up:

When Munchausen Syndrome by Proxy is suspected and organic causes of an illness are generally ruled out, a consultation from the Child Abuse Team (CAT) should be requested by the resident and/or attending physician.

A multi-disciplinary evaluation will be completed which includes assessments by at least the following: social service worker, CAT physician, and psychiatrist. If the child is not currently hospitalized, admission should be considered to allow an evaluation of the child's symptoms which is more objective than the mother's report and to evaluate the child's medical status and behaviors while away from the mother.

The social worker will obtain a detailed social history of: family member's age, employment and school status, family dynamics, support systems, detailed medical histories of the patient and family members, and parent's understanding and attitude toward the child's illness. Whenever possible, the veracity of social history information should be confirmed. Releases of information must be obtained of prior medical records in order to confirm the parent's history. The Child Abuse Team physician will review the patient's chart and previous medical records, and contact former physicians regarding previous indications of Munchausen Syndrome by Proxy. Psychiatry will assess the child and parent(s) for psychopathology and family dynamics. The family will be told that psychiatric evaluation is routine for families in whom we have an unexplainable medical condition due to the frustration such an illness causes.

Patient and other lab specimens should be handled carefully to maintain the chain of evidence.

A care conference will be held within 48 hours with the referring physician, hospital attending physician, pediatric resident, patient's nurse, social worker, psychiatrist, and the CAT physician. Open communication and coordination among team members is essential for a successful diagnosis and resolution. If the diagnosis of MSBP is felt to be likely after the team evaluation, a parent conference including the community pediatrician or hospital attending or surgeon will be held to discuss the diagnosis with the parent(s). This intervention must be planned with adequate support available for the family as suicidal ideation in the perpetrator has been documented following disclosure.

Surveillance of the child during hospitalization can be arranged when needed through the use of a sitter. Covert surveillance is possible but difficult due to legal issues, technology and space.

Treatment/Disposition:

When the diagnosis of Munchausen Syndrome by Proxy is strongly suspected or confirmed a report will be made to the legally mandated agencies for investigation under the child abuse reporting laws.

Prior to discharge, a plan for management will be established. A designated person or agency will do close monitoring to insure compliance with mandated follow up (i.e. CPS).