Munchhausen Syndrome by Proxy with Psychiatric Features

Yann Auxemery

Department of Psychiatry and Clinical Psychology, Hospital of Instruction of Armees-Legouest, 27, avenue de Plantières, France

*Corresponding author: Yann auxemery, Department of Psychiatry and Clinical Psychology, Hospital of Instruction of Armees-Legouest, 27, avenue de Plantières, BP 90001, 57077 Metz Cedex 3, France, Tel: 33786281993; E-mail: yann.auxemery@hotmail.fr

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Abstract

Although Munchhausen syndrome by proxy (MSP) with somatic expression is a familiar diagnosis to paediatricians and psychiatrists, the psychiatric form has remained more confined to the literature. This clinical form is distinguished by the allegation of artificial psychiatric disorders to convince others that a child suffers from these disorders. After an update on the classic form of MSP via somatic expression and its diagnostic issues, we present a brief review of the literature to explain the peculiarities of MSP with psychiatric expression. We detail the psychological complications for the child through a case report and analysis that illustrate the difficulty of identifying this particular disorder, the treatment of which is complex. The delay in diagnosis is several years, during which time the symptoms can be recast to mask a psychiatric reaction to this particular form of abuse. The suffering of the child and his parents will be shortened if the diagnosis is quickly established and the appropriate treatment is instituted.

Keywords Munchhausen syndrome by proxy; Schizophrenia; 8] YfYbfJU diagnosis; Professional-family relations; Psychopathology; Treatment

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Introduction

Munchhausen syndrome by proxy (MSP), fgh described by Meadow in 1977, is XY bYX in the International 7 Ugg Whichg of Diseases as a factitious disorder by proxy [1,2]. lg pathology, expressed through the intermediary of a child, constitutes serious abuse. Although MSP has long been misunderstood by practitioners, it is now a subject of great editorial interest, particularly in paediatric literature. Because of the emotions and questions that this syndrome raises, the media regularly refers to this issue. YfYZcfYžthe general public is currently well aware of MSP. 5 Yf an update on the classic form of MSP via somatic expression and its diagnostic issues, we present a review of the literature to explain the peculiarities of MSP with psychiatric expression. gldinical form is characterized by the allegation of UH V U psychiatric disorders to convince others that a child gi Yfg from these disorders. We detail the psychological complications for the child through a case report and analysis that illustrate the XI Whm of identifying this particular disorder, the treatment of which is complex.

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Classical description of MSP

In the classical description of MSP, a young child g Yfg from atypical symptoms of paroxysmal evolution. However, the clinical and paraclinical exams do not bX any physical etiology. Igdiscordance exists because the symptoms are alleged and / or produced by an abusive adult who plays the sick role through his or her child. Y parent who fabricates the symptoms is c Yb the biological mother, particularly in medical situations or early childhood. Intensely "devoted" to her child, she initially attracts the compassion of the care

the diagnostic process is the same in the somatic and psychological form of the disorder, it is necessary to discuss the possibility of MSP and Wrb fa it. Y practitioner should avoid encouraging the