I31 A Complex Case of Psychosis and Factitious Disorder

J. Brandon Birath, PhD, Olive View-UCLA Medical Center, 14445 Olive View Drive, Dept of Psychiatry, Sylmar, CA 91342; Stacie Collins, MD, Olive View-UCLA Medical Center, 14445 Olive View Drive, Sylmar, CA 91342; and Davin Agustines, DO*, Olive View-UCLA Medical Center, 14445 Olive View Drive, Sylmar, CA 91342*

The goals of this presentation are to highlight the diagnostic challenges of recognizing factitious disorder and to separate this diagnosis from malingering and psychosis in a clinical setting.

This presentation will impact the forensic science community by improving the ability of clinicians to understand and recognize the diagnostic challenges in separating factitious disorder from malingering and psychosis. This presentation will also improve the ability of clinicians to manage this disorder.

Factitious disorder is a *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-V*) -classified condition characterized by an individual's intentional deception of medical professionals and others to present themselves or another as ill, injured, or otherwise impaired, motivated by a desire to assume the "sick role."[1] Factitious disorder can pose as a diagnostic challenge, as the patient will often go to great lengths to convince others they are ill, whether by feigning symptoms or by self-inflicting illness or injury, often leading to unnecessary and, in some cases, costly and invasive tests and procedures.[2,3] After medical illnesses have been ruled out, factitious disorder may also be confused with other psychiatric disorders, including somatic symptom disorder and conversion disorder (both of which can be distinguished from factitious disorder by the absence of intentional falsification of symptoms) or malingering (characterized by patients feigning symptoms for secondary gain).[1]

Due to the fact that factitious disorder remains so diagnostically elusive, the exact prevalence is unknown. Studies have suggested that between 0.3% and 1% of patients admitted to general medicine services, who also have had consults placed to psychiatry, may actually have had diagnoses of fictitious disorder.[3-5] The majority of patients with factitious disorder present feigning medical conditions, with endocrinologic, dermatologic, and cardiac complaints being the most prevalent.[6] Among patients on psychiatric units, studies have estimated between 0.5% and 8% may have diagnoses of factious disorder with a primary psychological complaint.[7,8] This occurs most commonly with co-morbid diagnoses of substance use disorder, depression, and cluster B personality traits.[6,9-11] There have also been past reports describing factitious disorder patients presenting with primary symptoms of bereavement and post-traumatic stress disorder.[12-15] Factitious disorder patients presenting with primary symptoms of psychosis are less common, though there have been sporadically documented case series and reports.[16,17] This study presents a diagnostically challenging case of a patient with an unusual presentation of factious disease, with primary presenting symptoms in psychotic and somatic spheres.

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*Presenting Author