

WHEN TO SUSPECT AND HOW TO MANAGE FACTITIOUS ILLNESS

Dr Giles Armstrong
Named Doctor for Children's Safeguarding,
Royal London Hospital

Objectives

- ◉ Evolution of terminology
- ◉ Review of current knowledge on PP/FII
- ◉ When to suspect PP/FII
- ◉ What to do if you suspect PP/FII

Evolution of Terminology

UK

- ◉ Münchausen Syndrome by Proxy (MSbP)
- ◉ Fabricated or Induced Illness (FII)
- ◉ Medically Unexplained Symptoms (MUS)
- ◉ Perplexing Presentations

Internationally

- ◉ Medical Child Abuse - USA
- ◉ Factitious Disorder Imposed on Another (FDIoA) - DSM-V [adult diagnosis]

Current understanding of PP/FII

- ◉ MSbP 1st described in 1979
 - Focus on induced illness
- ◉ RCPCH issues guidance in 2002, 2009 & 2013
 - Growing understanding of spectrum
- ◉ Latest RCPCH guidance in 2021
 - Explicit differentiation between FII & PP
 - Recommends different strategies for managing both scenarios

What drives PP/FII

- ⊙ Two driver spectrums for behaviour
 - Gain for parents from pursuing medicalisation
 - Fixed/erroneous health beliefs about child's condition
- ⊙ Both can exist in same case
- ⊙ Also need to consider impact of parental mental health issues on cases
- ⊙ Not paediatricians role to diagnose parents

Effects of PP/FII

- ◉ Direct/ immediate effects
 - Unnecessary tests/procedures
 - Repeated hospital appointments / admissions
 - Limitations on daily life
 - Death – mortality related to poisoning / suffocation
- ◉ Indirect / delayed effects
 - Emotional & behavioural disorders
 - Long term emotional abuse from carer
- ◉ With recognition & intervention outcomes can be positive

When to suspect PP/FII

◉ Child

- Reported signs never observed
- Poor response to standard treatment
- Unexplained impairment of child's life

◉ Parents

- Insistence on repeated investigation
- Reported new issues as soon as old resolved
- Multiple missed OP but also multiple ED visits
- Parents keep reporting resolved issues as live
- Parents obtain multiple opinions
- Parents make multiple complaints against staff

What to do ? - FII

- ◉ Rarer than PP
- ◉ Involves clear parental deception & may involve illness induction.
- ◉ Poses potential immediate serious harm to child's health/life
- ◉ If identified needs immediate d/w safeguarding team & referral to police & social care.
- ◉ Parents should **not** be notified of referral until safety plan for child agreed.

What to do ? - PP [1]

- ◉ Commoner than FII
- ◉ Needs single lead clinician (supported by Named Doctor)
- ◉ Needs clarification of child's true issues - usually by convening professionals meeting
- ◉ May require inpatient admission to observe objectively
- ◉ Parents should be informed of perplexing nature of case and need to clarify
- ◉ Needs agreed Health & Education Rehabilitation plan

What to do ? - PP [2]

- ◉ Referral to social care depends on parents response to plan
- ◉ If plan is followed and child is normalised then no role for referral
- ◉ If parents either explicitly or implicitly do not engage with plan, then at that point a referral to social care is needed
- ◉ Good records / chronology essential to support social care's management.

Further resources on FII/PP

- ◉ [RCPCH - Perplexing Presentations \(PP\)/Fabricated or Induced Illness \(FII\) in children – guidance 2021](#)
- ◉ [London Safeguarding Children's Board - London Child Protection Procedures - 2018](#)
- ◉ [DCFS - Safeguarding Children in whom illness is fabricated or induced – 2008](#)