Factitious Disorder

Proposed Revision

Rationale

Severity

DSM-IV

The work group has proposed that this diagnosis be reclassified from Factitious Disorders to Somatic Symptom Disorders

Factitious Disorder on Self

To make this diagnosis, all 4 criteria must be met.

1. A pattern of falsification of physical or psychological signs or symptoms, associated with identified deception.
2. A pattern of presenting oneself to others as ill or impaired.
3. The behavior is evident even in the absence of obvious external rewards.
4. The behavior is not better accounted for by another mental disorder such as delusional belief system or acute psychosis.

Proposed Subtype:

Factitious Disorder on another

To make this diagnosis, all 4 criteria must be met. Note that the perpetrator, not the victim, receives this diagnosis.

1. A pattern of falsification of physical or psychological signs or symptoms in another, associated with identified deception.
2. A pattern of presenting another (victim) to others as ill or impaired.
3. The behavior is evident even in the absence of obvious external rewards.

The behavior is not better accounted for by another mental disorder such as delusional belief system or acute psychosis.

Please see full disorder descriptions here.

Major change #1: Rename Somatoform disorders to Somatic Symptom Disorders and combine with PFAMC and Factitious Disorders

The workgroup suggests combining Somatoform Disorders, Psychological Factors Affecting Medical Condition (PFAMC), and Factitious Disorders into one group entitled “Somatic Symptom Disorders” because the common feature of these disorders is the central place in the clinical presentation of physical symptoms and/or concern about medical illness. The grouping of these disorders in a single section is based on clinical utility (these patients are mainly encountered in general medical settings), rather than assumptions regarding shared etiology or mechanism.

Major change #2: De-emphasize medically unexplained symptoms

Remove the language concerning medically unexplained symptoms for reasons specified above. The reliability of such judgments is low (Rief, 2007). In addition, it is clear that many of these patients do in
Factitious Disorders:

The work group proposes minor modifications to factitious disorders. Most importantly, it eliminates the distinction between factitious disorders involving physical vs psychological symptoms. It clarifies who is the patient in circumstances previously diagnosed as "factitious disorder by proxy." This is now termed "factitious disorder on other."

Additional minor changes in the factitious disorder descriptions were made to emphasize objective identification rather than inference about intentionality or possible underlying motivation. "Intentional production or feigning" was thus removed and replaced with "a pattern of falsification". The wording "pattern of falsification" attempts to emphasize that the diagnosis should follow an objective characterization of a set of behaviors, without perceived inference about the intentionality or possible underlying motivation for these behaviors. "...associated with identified deception" was inserted to state that the behaviors showed evidence of deception as identified by the observer. Again, this wording emphasizes behaviors being observed, rather than inference about intent. Finally, item A4 was added to clarify that factitious disorder is not diagnosed when it is accounted for by another mental disorder such as an acute psychosis.

Please see the full rationale document here.

Severity

There are few widely employed measures of severity in factitious disorder or conversion disorder.

For factitious disorder, one might grade severity levels as “1” when symptoms alone are reported (“bright red blood in stool”), as “2” when a lab test was modified (e.g. introducing blood into a urine sample), as “3” when patients make themselves sick or as “4” when patients’ actions lead to life threatening illness.
A. Intentional production or feigning of physical or psychological signs or symptoms.

B. The motivation for the behavior is to assume the sick role.

C. External incentives for the behavior (such as economic gain, avoiding legal responsibility, or improving physical wellbeing, as in Malingering) are absent.

*Code* based on type:

300.16 With Predominantly Psychological Signs and Symptoms: if psychological signs and symptoms predominate in the clinical presentation

300.19 With Predominantly Physical Signs and Symptoms: if physical signs and symptoms predominate in the clinical presentation

300.19 With Combined Psychological and Physical Signs and Symptoms: if both psychological and physical signs and symptoms are present but neither predominate in the clinical presentation