

Wiesława TRENDAK¹
Katarzyna STAROSTA –GŁOWIŃSKA¹
Karolina BURSZA¹
Maria BARTCZAK²
Marcin CIERNIAK¹
Marcin NOWAKOWSKI¹
Krystyna FRYDRYSIAK¹

¹Emergency and Disaster Medicine Department,
Medical University, Lodz, Poland,
Head Department:
prof.dr hab.n.med. Tomasz Gaszyński

²Anesthesiology and Intensive Therapy Clinic,
II Ophthalmologic Department,
Medical University, Lodz, Poland
Head Department:
prof.dr hab.n.med. Waldemar Machała

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Author's address:
Wiesława Trendak,
Medical University Emergency and Disaster
Medicine Department,
ul. Pomorska, Lodz, Poland;
phone 42 272 575,
e-mail: wieslawa.trendak@umed.lodz.pl

Münchhausen Syndrome by Proxy as a form of child abuse

Przeniesiony zespół Münchhausena, przemoc wobec dziecka

Münchhausen syndrome by proxy (MSBP) is classified in International Statistical Classification of Diseases and Related Health Problems (ICD-10) under T 74.8 symbol – this syndrome is specific form of child abuse. In this work we present typical symptoms and intensification degrees of this syndrome, what can facilitate the diagnosis for workers of medical service, especially emergency ones.

Abused child syndrome includes forms of physical, psychical, emotional and sexual abuse, and neglect, that is negligence the duty of parental care to meet child's needs [1,2,3].

In International Statistical Classification of Diseases (ICD-10) that syndrome is specified under T74 symbol, including:

• T74.0 – neglect and abandonment – child's essential needs to develop are not met, both in psychical and physical development

• T74.1 – physical abuse – deliberate maltreatment, it includes physical abuse, cruelty, tortures and corporal punishment.

• T74.2 – sexual abuse – according to definition of World Health Organization, child takes part in a sexual activity for which he is not prepared, cannot fully understand it and give conscious agreement and/or is not mature enough for this activity, cannot give his legal consent according to law and/or customary rights in the specific society. The goal of this kind of activity is to fulfil one's needs (an adult or other child).

• T74.3 – psychical abuse – sometimes defined as “abuse in white gloves”, this is varied and wrong type of behaviour which aim is to humiliate and insult, which forms in child feeling of abandonment and absence of security.

MSBP classified under T74.8 symbol is specific form of child abuse [2]. In 1977, English paediatrician Roy Meadow, was the first one who introduced term of **Münchhausen syndrome by Proxy (MSBP)** as a form of child abuse [4].

In Polish literature, this syndrome has several different names that can be used interchangeably: Münchhausen surrogate syndrome, Münchhausen extended syndrome, Münchhausen syndrome per procura.

W Międzynarodowej Klasyfikacji Chorób i Problemów Zdrowotnych (ICD – 10) pod symbolem T 74.8 umieszczono przeniesiony zespół Münchhausena, który jest szczególną formą przemocy wobec dziecka. W pracy przedstawiono typowe objawy, stopnie nasilenia tego zespołu, które mogą ułatwić diagnozę pracownikom służb medycznych, zwłaszcza ratunkowych.

Term of **Münchhausen's syndrome** was presented for the first one in 1951 by English doctor named **Richard Asher**, in his publication:

„Münchhausen's syndrome” (Lancet, February, 1951) [5]. He define this as mental disorder of adults who deliberately induces in themselves symptoms of illness or pretends them in order to play the role of sick person or to focus the attention of medical staff on themselves. The syndrome is named after 18th century baron - Karl von Münchhausen, who was famous for his amazing tall tales which in fact were completely fictitious.

Münchhausen syndrome by Proxy is a mental disorder, potentially, a lethal form of child abuse who are in the custody of person with described syndrome. Pathological emotional reaction mostly connects biological mother who suffers from MSBP with her child – a victim of MSBP. To depict this pathological relation between mother and a child we can use assessment of Scheirer and Libow who stated that “there is difficult to find in human psychology, maybe apart from incest, so long-lasting, close albeit destructive relation between a doer and a victim” [6].

Seemingly caring and loving mother, in reality does not accept her child, rejects or use him as a means to attract environment's attention to herself. She feels the inner desire to perceive her child by others to be a sick person. Interest and compassion showed for parents of truly sick children is a specific form of psychological prize for the mother [4,7].

The disorder (MSBP) consist in that mother of a child reports to the doctor the symptoms of illness that the child allegedly has. There are also cases when mother causes the symptoms or sickness

of the child. Often the case history that doctor obtained through a conversation with a mother directs him to make unsuitable examination.

The most frequently reported symptoms are related to digestive, circulatory and nervous systems.

Most common induced or fictitious symptoms are: stomachache, vomiting, diarrhea, loss of body mass, convulsions, breathlessness, infections, fever, bleeding, poisoning, drowsiness [6,7,8].

The most dangerous cases of this disorder are related with high aggression: symptoms of the child are induced by giving poisonous substances, unnecessary medications, contamination of veins with faeces or deliberate choking until loss of consciousness [6,7,9].

MSBP should be suspected if a child is frequent patient in hospital and etiology of illness is unclear and when during another hospital stays the only present member of the family is always the same – most frequently, a mother. Father of a child is commonly unaware of the disorder of his wife, he critically supports her, thus he becomes passive and fellow culprit of the harmful actions towards child. Sometimes, a father does not even visit his child in a hospital.

There are distinguished three levels of MSBP intensification [10,11]:

- Low – when mother reports to a doctor fictitious symptoms of child's illness, the child can be directed to unnecessary diagnostic tests,

- Medium – in includes cause of gentle illness symptoms,

- High – cases of poisoning, starvation, causing of infection, strangulation. That actions have a potential lethal consequences.

Low and medium level of the disorder may be increasing.

Hospitalization of a child may not interrupt this course of events. In most cases (circa 70%), a mother also continues her actions in the hospital.

If abused child has siblings, there is higher probability that also he may become a victim of MSBP. Sudden death infant syndrome (SIDS) or unclear death of the sibling may lead to indication of MSBP.

Symptoms or types of behaviour of a parent that can suggest possibility of Münchhausen syndrome by Proxy if [6,7,11]:

- mother shows to have vast medical knowledge, she oversees penetratingly all the procedures,

- a child suffers from unclear chronic illness,

- symptoms do not sum up to known symptomatic group or do not match to specified diagnosis,

- victim of MSBP was hospitalized many times, often due to unusual symptoms,

- sickness seems to be related with a

number of body systems or to be unusual type of illness,

- overall health condition of a child does not match with results of laboratory tests

- diagnosis is made most often after stay in many medical centers,

- a child has many suspected or diagnosed allergies,

- there is an infection of intravenous injection with many bacterium strains,

- there is discovered non-prescribed medication in child's blood,

- blond type in samples of urine, faeces and vomit is does not match with blood type of a child,

- in blood, urine and stool there may be discovered trace of exogenic chemical substances,

- frequent initial diagnosis is: epilepsy, ataxia (disorder of motor coordination and balance), limb palsy,

- convulsions do not react for anti-convulsive drug treatment, and the occurrence of convulsions is stated only on report of a mother or child,

- symptoms subside in the absence of a parent or guardian,

- during hospitalization, a child is visited only by one of the parents,

- there is medical history of unclear medical conditions or death of other children in the family,

- a child does not respond well for the treatment, undesirable symptoms such as frequent vomiting, rash and others occur during treatment,

- mother seems to be extremely caring and sensitive about a child, she often reports that child does not tolerate the treatment,

- mother frequently reports that epileptic seizures do not subside despite the treatment,

- there is medical history in family of unclear deaths of newborns,

- mother is exceptionally involved to help the health staff (she almost tries to become member of the staff),

- a parent strongly encourages the doctor to do many examinations and tests, what can many a time lead to extended diagnosis in undue manner (without sufficient justification).

Victims of MSBP

The most frequent victims of the syndrome are newborns, infants and small children. The average age of abused child in the moment of recognition of MSBP is estimated at 39,8 months, while some researchers estimate it at 32 month [11,12].

Acts of the mother are intentional, however its forms differs at different age of a child because mother does not want to be exposed. Victims of choking are infants, babies who cannot talk yet, so they cannot complain to anyone about mother's behaviour. But still, abused children may be at adolescent age and often confirm symptoms described by a mother, because they are afraid of her or they are persuaded by her and believe

that they are ill and doctors cannot diagnose the mysterious illness.

Mortality rate of children abused by people with MSBP is estimated at 6-10%. Demise may be directly caused by acts taken by person who suffers MSBP or it can be side effect of invasive diagnostic examination. 7,3% of abused children have ascertained long-lasting bodily harm.

Frequently, abused children may be observed to have mental disorders (behaviour disorder, attention disorder, intellectual ability disturbance, anxiety induced by specific situation or places, sleep disorder, PTSD).

Frequency of MSBP is unknown. There are around 1200 cases recorded in USA a year. In Poland, there are noticed from several to a dozen or so cases of MSBP's victims but in fact the real scale of this form of abuse remains not estimated [11,13]

Relation of mother-child in Münchhausen syndrome by Proxy

The parent that mostly ascribes illness to his child is mother, in 98% of cases. She is extremely caring and involved in health care of her child. In reality, she has a hostile attitude to the child, she uses him as a means to focus on her all the attention of environment. Her actions are not positive for the child but to **satisfy her own emotional desires**. She is active and helpful in contact with medical staff until she receives confirmation of her conception and support for her actions. If everything goes according to her plan, she is very cooperative, gives consent for another diagnostic tests but she ignores child's pain and risk connected with all these examination. Otherwise, when some suspicions arouse, she becomes critical, feel disappointed or even aggrieved and seeks "help for her child" in another medical centers.

She is still reassuring that she has no knowledge about possible source of ailment. She acts in planned, not impulsive, way. She is critical towards her behaviour but she rarely admits to child abuse. Mother successfully hides the child abuse in order to become reliable for doctors.

MSBP treatment

Therapy for this disorder is a treatment of a mother, not a child. Paediatrician plays a decisive role to diagnose the disorder, when a child constantly returns to him with fake symptoms and he is the first person who might suspect MSBP.

For people who suffer from MSBP there is suggested short- and long-term psychiatric treatment and psychological care. Behavioral-cognitive psychotherapy is recommended as well [11].

When MSBP is diagnosed, first step that needs to be taken is to inform proper institutions, next, to take care of safety of the victim and other potential victims of the mentally disordered person [14].

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