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MUNCHAUSEN' SYNDROME AND TRIHEXYPHENIDYL DEPENDENCE

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SUMMARY

The authors describe a woman with Munchausen's syndrome who, during the course of illness, developed dependence on Trihexyphenidyl which besides being partially treated was used in establishing the stable linkage with a hospital and was also successfully utilized in the management of Munchausen's syndrome.

INTRODUCTION

The factitious disorder [DSM-III R], (APA, 1987) with physical symptoms, commonly referred to as Munchausen's syndrome (Asher, 1951) is characterized by intentionally fabricated, surreptitiously self-induced or exaggerated forms of numerous dramatic medical presentations aimed towards receiving medical care features multiple hospitalizations, an evasive manner and eventually, discharge against medical advice mainly due to the feigned nature of symptoms being discovered. Unlike malingering, the adoption of sick role in this syndrome is guided by complex intrapsychic motivations. For the first time drug seeking behavior as one of the possible motives for some of these patients was discussed by Asher (1951). Since then there have been only a few published case reports which have highlighted the association between Munchausen's syndrome and different substance use disorders (Bursten, 1965; Mendel, 1974; Cheng & Hummel, 1978; Hammond, 1980; London & Ghaffari, 1986). Mendel (1974) strongly emphasized on the drug dependence nature of Munchausen's syndrome for a better therapeutic alliance which was later disputed by other researchers (London & Ghaffari, 1986).

To our knowledge, there is no single case report which highlights the co-existence of Munchausen's syndrome and Trihexyphenidyl [THP] abuse. The present case is unique in this aspect and also in the sense that the partial treatment of THP dependence and later on, continuous controlled prescription of this drug in conjunction with supportive and family psychotherapy was the main management of Munchausen's syndrome, hence substantiating the idea put forward by Mendel (1974).

CASE REPORT

The patient was a 45 year old Saudi woman who belonged to a family which experienced severe psychosocial stresses in the form of early paternal death, economic constraints and strained interpersonal relationships. She grew in a milieu deprived of adequate psychological and social support. Married at the age of 18, marital life was marked by marital conflicts, physical abuse and neglect and bereavement and she was divorced at the age of 36 years. Medically she had some genuine diseases in the past including benign thyroid goiter, chronic cholecystitis, appendicitis, and obstetric complications. Besides drug treatments, she had multiple surgeries including thyroidectomy, cholecystectomy, appendicectomy and two Caesarean sections. These led to multiple hospitalizations which familiarized the patient with the hospital milieu. Following a dormant period of a few months at age 37, she began to show characteristics of Munchausen's syndrome.

She had been attending the emergency and out patient services of both General and Mental Health Hospitals for eight years with vivid descriptions of dramatic physical symptoms. The recurrent presentations ranged from acute abdominal and chest pains, breath holding spells, teeth clenching and grinding, labile hypertension, vertigo, dyspnea, headache and drowsiness to three attempts at deliberate self-harm, once by consuming 10-15 tablets of aspirin and twice by taking 3-4 tablets of an unknown nature. The self-injurious behavior was associated with dramatized crying spells, vomiting, dyspnea, ataxia and drowsiness resulting in two admissions to Intensive Care Unit. She improved rapidly with supportive treatment, which led to a suspicion that she was exaggerating the deliberate self-harm. Notably, she had never accepted the feigned nature of her symptoms in the initial seven year period, during which she had attended emergency (40 times) and outpatient (15 times) services and been admitted to the general hospital five times. Similarly, she had 27 and 122 visits to psychiatric emergency and outpatient services respectively, along with 25 admissions to the psychiatric ward. She left the hospitals against medical advice eighteen times. During her brief stay in the hospital, she under went extensive investigations with equanimity on several occasions, the results of which were not contributory. The clinical premorbid personality assessment aided by DSM-IIIR criteria, revealed mixed histrionic and dependency traits.

The presence of Munchausen's syndrome was supported by recurrent intentional simulation of physical symptoms which changed in pattern following their recognition, exaggerated non-serious suicidal attempts, absence of psychotic symptoms and panic manifestations, persistent negative results on investigations absence of either a temporal or a symbolic relationship between physical symptoms and psychosocial stresses, absence of external incentives, late onset, discharges against medical advice, dramatized scenes in the wards, persistent demand to obtain different psychoactive substances, and finally history of true physical diseases associated with multiple admissions and surgeries preceding psychiatric morbidity.

Regarding management, in addition to a variety of psychotherapeutic modalities and direct confrontation over a period of seven years, she was also prescribed many biological treatments. As a consequence of this she developed a craving for drugs such as diazepam, hyoscine butylbromide and clonazepam. Besides, she also showed the features of THP dependence for a duration of one and half years. However, she had never experienced any extrapyramidal symptoms. In early 1991, some new treatment strategies including family and supportive psychotherapy, treatment of THP dependence by gradual withdrawal followed by its continuous controlled prescription, and finally maintenance of a nurturing therapeutic alliance throughout her follow up were instituted. Following these steps, the patient showed substantial improvement in all clinical areas. She is now on regular monthly follow-up treatment with THP 5 mg and trifluoperazine 5 mg/day, the best combination selected from multiple speculative trials of psychotropics including antidepressants. There was no specific indication for trifluoperazine which is now being tapered off. All anticholinergic drugs except THP were ineffective in controlling the features of its dependence.

DISCUSSION

The present case met most of the diagnostic criteria of Munchausen's syndrome. However, the absence of both extensive travelling and aggressive behavior were possible reflections of cultural factors. Suicide as a complication of this syndrome has been described (Nichols et al, 1990; Sutherland & Rodin, 1990). The feigned parasuicidal behavior shown by this patient might have been caused by many factors such as attention seeking, attempt to escape from psychosocial stresses and to gain admission and medical care.

The etiopathogenesis of this syndrome until now remains poorly understood. It is fascinating to note that a variety of psychological constructs (Kaplan & Sadock, 1991) and specific predisposing factors have been advanced to explain factitious disorders. Paternal deprivation compounded by maternal eccentricities, unmet dependency needs, maldeveloped personality traits, masochism, martial problems and other stresses evident in this case could have been some of the possible determinants. Additionally, the patient's concept of hospital as a source of relief and an escape from having to deal appropriately with stresses might have contributed to her behavior.

There appears to be a complex relationship between drug dependence and this syndrome. The substance use disorders might precede, follow or rarely concur with Munchausen's syndrome. Drug abuse has been reported to reflect three important needs: a craving for attention and hospital contact (O'Shea et al, 1984); utilization of diagnosis to gain entry into the hospital (Hammond, 1980); and a second line of defence when their fabrications are revealed (London & Ghaffari, 1986) The diagnosis of drug abuse could be utilized for a better therapeutic alliance for the management of Munchausen's syndrome (Mendel, 1974).

The authors suggest that drug abuse as an alternative to Munchausen's syndrome could be used by the patient as a measure against rejection by the attending clinicians. The severe THP dependence as shown by this patient was partially reduced and later successfully used in conjunction with psychosocial measures in the management of Munchausen's syndrome.

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