

# FACTITIOUS DISORDER IMPOSED ON ANOTHER (FDIA)

Formerly: Munchausen Syndrome by Proxy

## How is FDIA detected?

FDIA can be challenging to detect. Health professionals may notice patterns such as: an unusual course of illness or incongruous signs and symptoms; reports that common treatments have not worked; numerous treatments and consultations; inconsistent laboratory results; and/or signs and symptoms that only occur when the caregiver is present.

## FDIA is a form of child abuse

The American Professional Society on the Abuse of Children considers FDIA to be a form of child abuse.

According to the Cleveland Clinic, an estimated 1,000 out of 2.5 million cases of child abuse reported each year are related to FDIA.

## FDIA: a controversial diagnosis

While this diagnosis has not been without controversy, particularly given its role in legal cases, evidence from video surveillance and pediatric research has demonstrated that caregivers sometimes harm their dependents or cause an illness and subsequently seek medical care for the fabricated or imposed condition.



## What is factitious disorder imposed on another?

Factitious disorder imposed on another (FDIA) is characterized by treatment-seeking for a child or other dependent person—e.g., another adult, disabled person, or elderly person—who isn't actually sick.

FDIA was previously called Munchausen Syndrome by Proxy (MSP or MSbP).

The current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists the following criteria for

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## What causes factitious disorder imposed on another?

The exact cause of FDIA has not been determined and may involve biological and psychological factors, such as a history of neglect or abuse.

In cases of FDIA, caregivers may be motivated by “a psychological need to join the child in the sick role and to receive attention by proxy.”

In his first article describing FDIA cases, Professor Meadow described the reaction of caregivers to engaging with the healthcare system:

*“These [parents] flourished [in the hospital] as if they belonged, and thrived on the attention that staff gave to them. . . . In these cases, it was as if the parents were using the children to get themselves into the sheltered environment of a children’s ward surrounded by friendly staff.”*

Note that the caregiver’s incentives are believed to be internal (psychological or emotional), rather than external.

FDIA is distinct from malingering by proxy, where a caregiver is motivated to fabricate illness in a dependent by external, tangible incentives such as financial gain or medication-seeking.

factitious disorder imposed on another:

*Falsifying signs or symptoms or inducing injury or disease in another person with the intention of deceiving;*

*Presenting another person as having signs and symptoms of an illness;*

*Receiving no external reward, such as financial gain;*

*Having no evidence of another condition, such as one that causes delusions.*

The term MSbP was originally coined in the 1970s by pediatrician Roy Meadow, who noted a similarity to cases where patients fabricate their own illnesses, claiming to be sick and seeking medical care. (Munchausen syndrome, or factitious disorder imposed on self, involves an attempt to gain attention and sympathy by falsifying, inducing, and/or exaggerating an illness.) ♦

