**Factitious Disorder**

Factitious Disorder is characterised by a pattern of falsification of physical or psychological signs or symptoms, and is associated with identified deception.

Diagnostic Criteria:

1. A pattern of presentation to others as ill or impaired.

2. The behaviour is evident even in the absence of obvious external rewards.

3. The behaviour is not due to a delusional belief system or acute psychosis.

4. The behaviour is not better accounted for by another mental disorder.

These individuals lie about or mimic symptoms, hurt themselves to bring on symptoms, or alter diagnostic tests (such as contaminating a urine sample).They have an inner need to be seen as ill or injured, but not to achieve a concrete benefit, such as a financial gain. Individuals with Factitious Disorder are even willing to undergo painful or risky tests and operations in order to obtain the sympathy and special attention given to the truly ill.

Many people with Factitious Disorder may also suffer from other mental disorders, particularly personality disorders.

Factitious Disorder is similar to Somatic Symptom Disorder. The main difference between the two groups of disorders is that people with Somatic Symptom Disorder do not intentionally fake symptoms or mislead others about their symptoms. Similarly, the behaviour of people with Factitious Disorder is not malingering, a term that refers to faking illness for financial gain (such as to collect insurance money), food or shelter, or to avoid criminal prosecution or other responsibilities.

**Warning signs of Factitious Disorder**

* Dramatic but inconsistent medical history
* Unclear symptoms that are not controllable, become more severe, or change once treatment has begun
* Predictable relapses following improvement in the condition
* Extensive knowledge of hospitals and/or medical terminology, as well as the textbook descriptions of illness
* Presence of many surgical scars
* Appearance of new or additional symptoms following negative test results
* Presence of symptoms only when the patient is alone or not being observed
* Willingness or eagerness to have medical tests, operations, or other procedures
* History of seeking treatment at many hospitals, clinics, and doctors’ offices, possibly even in different cities
* Reluctance by the patient to allow health care professionals to meet with or talk to family members, friends, and prior health care providers

Reference: American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) Hamilton JC, Feldman MD, Janata JW. Medscape J Med. 2009;11(1):27. [The A, B, C's of factitious disorder:](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654694/)