Factitious Disorder or Eating Disorder? An Argument for Underscoring the Sick Role

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Objectives

• Argument for there being factitious elements in some eating disorder patients
• Framing the factitious elements (sick role) as being a vehicle for avoidance
• Approach to addressing factitious elements in eating disorder patients

Relevant Trends in Eating Dysfunction

Cultural changes in psychosomatic presentations

Medicalization of self-starvation

History of Psychosomatic Distress

Culture dictates to the unconscious minds of severely distressed individuals what can be considered legitimate symptoms of illness. (Liles and Woods 1999)

Medicalization for Self-Starvation

"Fasting girls" Anorexia Nervosa Third party billing

"Hunger Artists" Opening treatment centers

1550s-1860s 1873 1900s-2000s

Spiritual, admired behavior Medical condition

Cultural trends catalyze eating dysfunction as psychosomatic outlet
Factitious/Iatrogenic Disorders

- Production of physical or psychological symptoms with the unconscious motivation of obtaining treatment or playing the Sick Role (SR).
- An iatrogenic disorder is a condition that develops through exposure to the environment of a health care facility.

Identifying SR patients

- Desire/pressure to enter hospital/treatment
- Suspicion of overt/covert attempt to escape external stressors
- Poor boundaries/overly attached to staff
- Poor response/sabotaging recovery

Why this is Important?

- Eating disorder notoriously difficult to treat (5%-40% remission rate)
- Framing patient within Factitious model explains why some resistant patients must remain ill in order to have their needs met.
- Standard treatment does not address this well.
- Confronting sick role head-on may work better.

Approach to Sick Role

- Avoid hospital if possible
- Minimize inpatient ➔ Day Hospital; Shortest time possible
- Switch primary clinician; Avoid non-specific supportive talk-time
- Target Avoidance in parallel with standard approach
Acceptance and Commitment Therapy
Hayes, 1995

- Distressing emotion or thought
- Short term avoidance of Pain
- Long term consequences of Avoidance

Eating Disorder/Sick Role as Vehicle for Avoidance

- Existential Anxiety
- Existential Substitution
- Relationship Anxiety
- Safe Relationships

Avoidance/Sick Role

Disability Approach

- 22 yo. female
- Anorexia (binge/purge type), Borderline PD and Polysubstance Dependence.
- 3 admissions at C&A and 2 admissions at Adult eating disorder program
Disability Approach

- Standard treatment approach keeps stuck in sick role:
  - Support/attachment from caring staff
  - Avoidance of anxiety provoking expectations in life

...with no behavioral indication to change:
- Secretive purging, laxatives found hidden, substance use on passes

Disability Approach

Parents’ house:
- Can stay in basement apartment
- Access to car, money
- No expectations (school, work, own apartment)

Disability Approach

Problem?

Still No Incentive to Change

—Staying stuck in illness:
- Continues to elicit support
- Means of avoid anxiety provoking expectations.

Disability Approach

- After discussions with team, parents decide to not enable
- Income assistance and own apartment

Without Sick Role being supported by Hospital/Parents

11/9/2012
Framing some patients in factitious context and treatment supports for existential growth rather than replacing, or inadvertently stifling it.

Sick role is a vehicle for avoidance

Historical trends have facilitated factitious/iatrogenic eating dysfunction

Conclusion

- Framing some patients in factitious context may be helpful for understanding certain kinds of treatment resistance
- Sick role is a vehicle for avoidance

Challenging sick role:
- Acceptance and commitment therapy
- “Disability Approach”
  - Directly challenges resistance and exerts more pressure on patient to do exposure work, challenge anxiety and facilitate existential growth
- Treatment supports for existential growth rather than replacing, or inadvertently stifling it.

Historical Perspective

Anorexia nervosa as viable behaviour: extreme self-deprivation in historical context

Elizabeth G. Liddle and Stephen C. Woods

When anorexia nervosa is considered from a critical historical perspective, several key issues emerge. First, the etiology of the disorder has been debated, with some proposing biological and psychological factors, while others emphasize sociocultural influences. Throughout history, the presentation of anorexia has varied, reflecting cultural norms and societal expectations. In the context of historical change, the condition can still be identified and viewed as problematic during earlier times and in various socio-cultural contexts.
Disability Approach

CLINICAL FORUM: MOTIVATION AND ITS ENHANCEMENT REVISITED

The Myths of Motivation: Time for a Fresh Look at Some Received Wisdom in the Eating Disorders?

Glenn Watter, DPF(1,234)

ABSTRACT

The eating disorders literature is replete with the idea that motivation is key to recovery. This paper reviews the evidence behind this and suggests that we need a different conceptual framework for understanding why patients care about their weight and shape and how motivation may impact on outcomes. A key finding is that some patients and their families may actually be damaged by pushing motivation. This paper suggests a new conceptual framework for motivation in eating disorders and provides evidence that may help inform clinical practice.

REFERENCES:


Questions?

Managing the Chronic, Treatment-Resistant Patient with Anorexia Nervosa

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ABSTRACT

Objective: To describe the psychosocial characteristics of chronic, treatment-resistant anorexia nervosa, as well as a paradigm for its clinical management. Methods: The foundation of the approach integrates clinical experience, existing psychological theories, and a conceptual understanding of developmental and pharmacological aspects of the illness. Results: The management paradigm takes account of the complicated nature of chronic anorexia. The inherent risks of treating these patients in the customary way are described, along with thought-provoking interventions that must be anticipated and effectively conducted. Discussion: The chronicity of the patient requires a unique approach to care, one that maximizes the risk of therapeutic effects of rapid weight restoration and failure to appreciate the limitations inherent in chronic treatments. © 2014 by Wiley Periodicals, Inc. DOI: 10.1002/ajm.22427, 2014.