FACTITIOUS DISORDERS

Includes Malingering

Background

This case definition was developed by the Armed Forces Health Surveillance Division (AFHSD) for the purpose of descriptive epidemiological reports on mental disorders and mental health problems among active duty Service members.[1] The reports provide a comprehensive look at the status of mental health in the Services and provide in depth information on numbers, rates, and trends of factitious disorders and other mental health diagnoses.

Clinical Description

Factitious disorders, (e.g., Munchausen syndrome, hospital addiction syndrome, Ganser's syndrome), are classified as mental health disorders. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies factitious disorders in two types: Factitious disorder imposed on self (FDIS), also known as Munchausen syndrome, and Factitious disorder imposed on another (FDIA). Individuals with these disorders intentionally produce or feign physical signs and symptoms in themselves or others, often children. Their behavior is motivated by their desire to assume "sick roles," (e.g., hospitalization, medical evaluation, and treatment).[2]

Malingering is not classified as a mental health disorder but may be a behavioral expression of an underlying mental illness. Malingering refers to the intentional fabrication or exaggeration of symptoms by a person who is motivated by external incentives, (e.g., to avoid military duty or other work, avoid legal responsibilities, criminal prosecution, or incarceration, or to obtain financial compensation). Malingering is associated with military conscription and service and is considered an offense under the U.S. military's criminal justice system particularly if the offense is committed during a time of war.[3]

Case Definition and Incidence Rules

For surveillance purposes, a case of a factitious disorder is defined as:

- *One hospitalization or Theater Medical Data Store (TMDS) medical encounter* with a case defining diagnosis of a factitious disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *Two outpatient medical encounters*, *within 180 days* of each other, with a case defining diagnosis of a factitious disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *One outpatient medical encounter in a psychiatric or mental health care specialty setting*, defined by Medical Expense and Performance Reporting System (MEPRS) code BF, with a case defining diagnosis of a factitious disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

(continued on next page)

[1] Armed Forces Health Surveillance Division. Mental health disorders and mental health problems, active component, U.S. Armed Forces, 2016-2020. *Medical Surveillance Monthly Report (MSMR).* August 2021; Vol. 28 (8): 2-9.

[2] American Psychiatric Association. Adjustment Disorders. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Arlington, VA: 2013.

[3] Armed Forces Health Surveillance Center. Malingering and Factitious Disorders and Illnesses, Active Component, U.S. Armed Forces, 1998-2012. *Medical Surveillance Monthly Report (MSMR).* 2013 July; Vol.20 (7): 20-23.

Case Definition and Incidence Rules *(continued)*

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a case defining diagnosis of factitious disorder.
- An individual is considered an incident case *once per lifetime*.

Exclusions:

- None

Codes

The following ICD9 and ICD10 codes are included in the case definition:

Condition	ICD-10-CM Codes	ICD-9-CM Codes
Factitious Disorders	F68.1 (factitious disorder imposed on self…)	--
	- F68.10 (unspecified)	301.51 (chronic factitious illness with physical symptoms)
	- F68.11 (with predominantly *psychological* signs and symptoms)	300.16 (factitious disorder with predominantly psychological signs and symptoms)
	- F68.12 (with predominantly *physica*l signs and symptoms)	301.51 (above)
	- F68.13 (with *combined* psychological and physical signs and symptoms)	300.16 (above) *Conversion of ICD10 to ICD9 code requires additional ICD9 code for exact match.*
	- F68.A (factitious disorder imposed on another)	*Mapping for new 2019 ICD10 codes is unavailable.*
	Translated code too broad for inclusion.	300.19 (other and unspecified factitious illness)
Malingering	Z76.5 (malingerer, conscious simulation)	V65.2 (person feigning illness; malingering)

Development and Revisions

- In February of 2016 the case definition was updated to include ICD10 codes.

- This case definition was developed in November of 2010 by the Armed Forces Health Surveillance Center (AFHSC) *Medical Surveillance Monthly Report (MSMR)* staff for an article on mental disorders and mental health problems among active duty Service members.[1] The case definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses.

Case Definition and Incidence Rule Rationale

- The case definition and incidence rules used in the 2013 *MSMR* article on *Malingering and Factitious Disorders* differ from those documented here.[3] The 2013 analysis uses *one hospitalization* or *outpatient medical encounter* with a case defining diagnoses of a factitious disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

- To increase the specificity of the case definition for outpatient encounters, two such encounters with a case defining diagnoses are required. The period of 180 days was established to allow for the likelihood that "true" cases of a factitious disorder would have a second encounter within that interval.

- For the purposes of counting new incident cases, AFHSD uses a once per lifetime incidence rule unless a specific timeframe is more appropriate and is specified, (e.g., individuals may be counted as an incident case once every 365 days). Historically, a "once per surveillance period" incidence rule was used due to limited data in the Defense Medical Surveillance System (DMSS), but that is no longer necessary.

Code Set Determination and Rationale

- In January of 2016 ICD9 code 301.51 (chronic factitious illness with physical symptoms) was removed from the Personality Disorders case definition. The code was inadvertently included in the code set due to its categorization under histrionic personality disorders in the ICD-9-CM Manual. In DSM-4 factitious disorders are categorized independently and in DSM-5 factitious disorders are categorized under "Somatic Symptoms and Related Disorders."

Reports

The AFHSD reports on factitious disorders in the following reports:

- Periodic *MSMR* articles.

- Annually: *MSMR* article on the "Absolute and relative morbidity burdens attributable to various illnesses and injuries U.S. Armed Forces" (see *Comments* section below).

Review

May 2022	Case definition reviewed and updated by the AFHSD Surveillance Methods and Standards (SMS) working group.
Mar 2019	Case definition reviewed and updated by the AFHSB SMS working group.
Feb 2016	Case definition reviewed and adopted by the AFHSC SMS working group.
Nov 2010	Case definition developed by the AFHSC *MSMR* staff.

Comments

Burden of Disease Reports:

The AFHSD articles and reports on the "burden" of illness and injury in the U.S. Armed Forces group all illness and injury-specific diagnoses, defined by ICD9 and ICD10 codes, into 142 burden of disease-related conditions and 25 categories based on a modified version of the classification system developed for the Global Burden of Disease (GBD) Study.[4] In general, the GBD system groups diagnoses with common pathophysiologic or etiologic bases and/or significant international health policymaking importance.

The AFHSD disaggregates some diagnoses that are grouped into single categories in the GBD system, (e.g., mental disorders) to increase the military relevance of the results. The category of mental health disorders is separated into the following sub-categories of "disorders": anxiety, substance abuse, adjustment, mood, tobacco dependence, psychotic, personality, somatoform, and all other mental disorders.[5]

Because reports on disease burden are based on the total numbers of medical encounters for specific conditions, a slightly different case definition is used for burden analyses. The case definition requires capturing only the diagnosis in the primary (first) diagnostic position of each record of an inpatient or outpatient medical encounter. Each individual is allowed only one medical encounter per condition per day, and inpatient encounters are prioritized over outpatient encounters on the same day. Case defining codes are any ICD9 codes between 001 and 999, any ICD10 codes between A00 and T88, ICD10 codes beginning with Z37 (outcome of delivery), and DoD unique personal history codes DoD 0101-0105.

Comprehensive AFHSD Mental Health Reports:

For analyses and reports requiring data on *all* mental disorders, AFHSD includes *all* mental health diagnoses that fall within the range of ICD9 codes 290-319 / ICD10 codes F01-F99 (mental disorders) in the first or second diagnostic position. The following diagnoses are excluded from the analysis.

- ICD9 310.2 / ICD10 F07.81 (post-concussion syndrome)
- ICD9 305.1 / ICD10 F17* (tobacco use disorder / nicotine dependence) is not included as tobacco-cessation efforts are widespread within primary care clinics in the military and this diagnosis is not treated as a mental health disorder.
- ICD9 317*-319* / ICD10 F70-F79 (mental retardation)
- ICD9 315* / ICD10 F80*-F82*, F88-F89 (specific delays in development)
- ICD9 299*/ ICD10 F84* (pervasive developmental disorders)

[4] The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Murray, CJ and Lopez, AD, eds. Harvard School of Public Health (on behalf of the World Health Organization and The World Bank), 1996:120-2.

[5] Armed Forces Health Surveillance Division. Absolute and relative morbidity burdens attributable to various illnesses and injuries, active component, *Medical Surveillance Monthly Report (MSMR).* May 2021; Vol. 28 (5): 2-9.