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FACTITIOUS DISORDER CASE SERIES WITH PREDOMINANT PSYCHOLOGICAL SIGNS AND SYMPTOMS

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**Introduction:** Patients with factitious disorder intentionally produce or feign signs of medical or mental disorders. The only apparent objective of this behavior is to assume the role of a patient without an external incentive. The high rate of comorbidity with other psychiatric disorders together with the knowledge that factitious disorder lies on a continuum between somatoform disorders and malingering renders the early detection and diagnosis of cases with feigned psychological signs and symptoms more demanding.

**Objective and method:** Poor documentation of factitious disorder with predominant psychological signs and symptoms in the current literature reveals a blind spot in the diagnostic approach. With this in mind three cases were followed and reviewed to illustrate the elusive character of this clinical entity and demonstrate the importance of its early consideration in the differential diagnosis.

**Results:** Three patients presented to our acute psychiatric department with an extensive constellation of mood and psychotic symptoms. All patients underwent a thorough neuropsychological and medical evaluation. The diagnosis of factitious disorder was mainly based on their inconclusive mental status examination which could not definitively support the presence of another psychiatric or medical disorder, on the observation that their behavior on the psychiatric unit proved inconsistent with their chief complaints and on the past history from collateral sources which confirmed a pattern of multiple hospitalizations.

**Conclusions:** Factitious disorder should be considered in patients with inconsistent psychiatric presentations and negative diagnostic results who are high utilizers of acute care facilities such as the emergency room and inpatient services.