Perplexing presentations/ fabricated or induced illnesses

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Terminology

- Terminology is key!

Definitions

- Medically Unexplained Symptoms
  - The child's symptoms, of which the child complains, are not explained by any known pathology but with likely underlying factors in the child (usually of a psychosocial nature), the caregivers acknowledge this to be the case and will work collaboratively with evidence-based therapeutic work offered by health professionals in the best interests of the child or young person
- Perplexing Presentations
  - Presence of alerting signs when the actual state of the child's physical/mental health is not yet clear but there is no perceived risk of immediate serious risk to the child's physical health or life
- Fabricated or Induced Illness
  - A form of child maltreatment in which a child is, or is very likely to be, harmed due to caregiver(s) behaviour and actions, carried out in order to convince doctors and other professionals that the child's state of physical and/or psychological health is impaired (or more impaired than is actually the case)

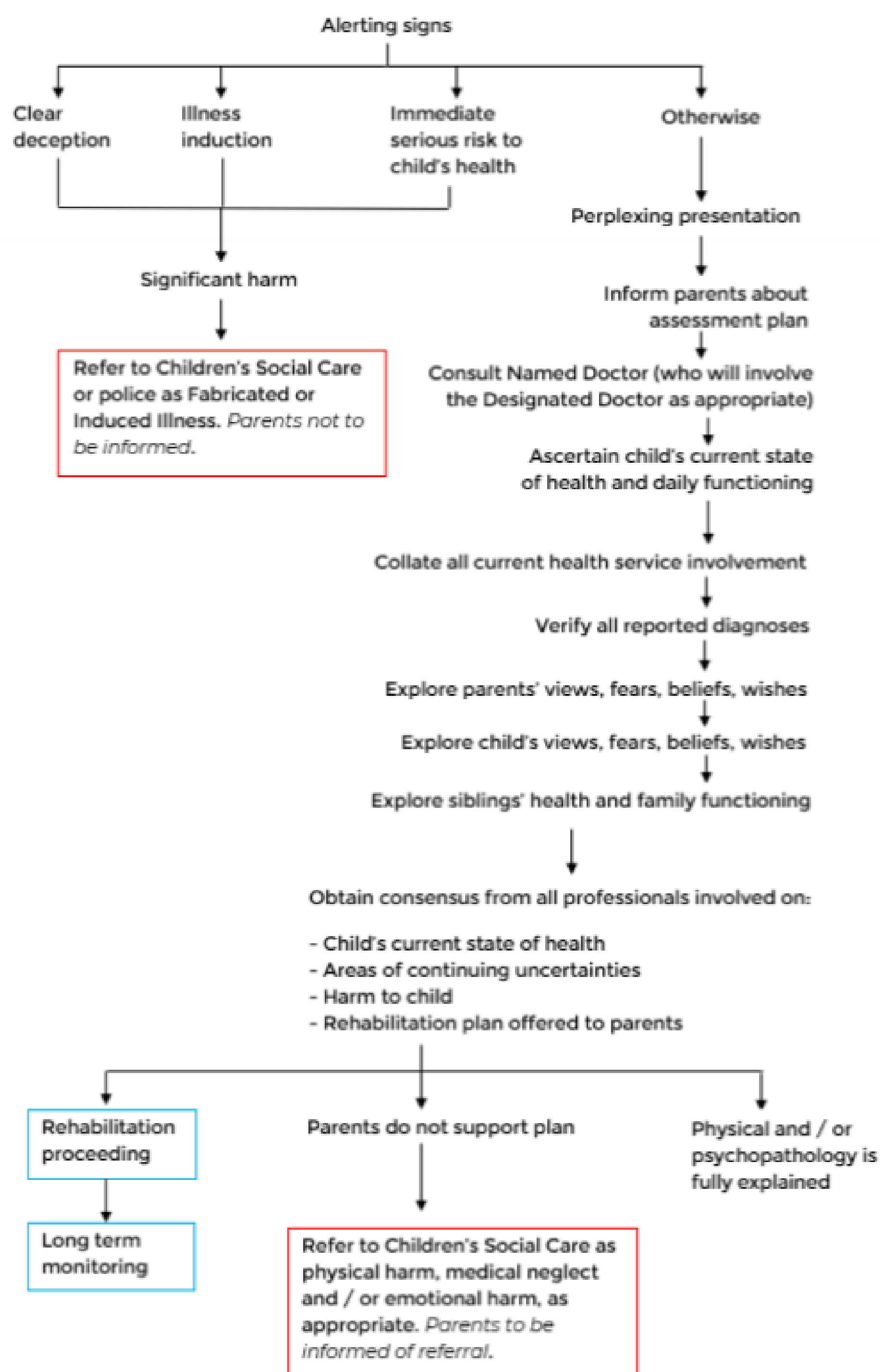
Types of PP/FII

- Illness/injury induced by care-giver
- Carer of a child will actively fabricate symptoms
- Young child with some signs of illness/medical conditions, high levels of parents anxiety drive excessive medical investigations and over-medication, over-reporting of symptoms
- Older child will report vague symptoms which are medically unexplained. Carer and child will become excessively anxious and drive increasingly invasive investigations
- Children with complex care needs whose needs are misrepresented by their carers

Motivation

- Recognition and treatment
- Psychosocial
- Material
- Financial with associated others
- Mistaken beliefs based on anxiety or obsession
- Social media

New



paediatric involvement

- Assess the child, within the context that the carer provides unless proceedings have already commenced
- Clear history, with past medical history, family history, social history
- Examination
- If there is a suggestion of PP/FII, a clear limitation on investigations early on
- Early psychology involvement where available
- Clear communication with all parties
- Manage expectations
- Usually the lead professional for the child, unless agreed otherwise

Primary care involvement

- Absolutely crucial!
- Knowledge of the family over a longer period
- Possibly know other family members
- Other medical and mental health issues
- Information from other hospitals, private health providers, other sources
- Home visits
- Attendance
- Vaccinations, universal health programmes
- Other concerns/general impression

School involvement

- Observation of child away from home is valuable
- Function
- Social
- Educational
- Continence and toilet use
- Eating
- Interaction with carers (staff and child)
- General impression

Designated team involvement

- Available for advice
- If concerns are raised around PP/FII:
  - Serious risk of immediate harm? Immediate referral to MASH and police, who will arrange for emergency paediatric assessment and a place of safety
  - No serious immediate risk of harm? Collate chronology and submit to designated professionals. Arrange a professionals meeting with all professionals involved with the child to agree a rehabilitation plan.

Ethan

- 12yo Ethan, previously fit and well with no known medical issues
- School have contacted the designated team because they are concerned that he is missing a lot of school due to chronic fatigue
- Ethan had a ‘flu bug over the winter and has not really recovered; he has seen his GP and is awaiting a paediatric appointment but has not been to school for three months now
- His teachers who live in the same village as the family see him out playing with his friends a lot and taking part in sports events all weekend with no issues
- Ethan lives with his mum and is her only child, his dad moved out last year after he had an affair with mum’s friend and Ethan found out
- Ethan’s mum has fibromyalgia and received DLA for this. There is no other family history of note.

Keira

- Keira is 14 years old and has a genetic condition which causes her to have multiple medical issues
- She lives with her mum and younger sister, who is fit and well
- Her mum has been her sole carer since her sister was a baby and their father left the family home
- Keira has cerebral palsy and uses a wheelchair, she is doubly incontinent and is PEG fed
- Keira's therapists feel that she is capable of more than she is being allowed to participate in currently but her mother is holding her back due to her on-going anxieties – however, Keira has had multiple serious medical complications which have been well-managed by her mother
- Is this PP/FII?

Sasha

- Sasha is 15 years old and presents to her GP with bleeding from her vagina
- She says that she has not had any injuries, it is not her period and she has not inserted anything
- Gynaecological investigations do not reveal any medical cause for this
- All medical investigations are normal
- Whilst on the ward, Sasha is seen to have a cut on her abdomen and then discloses to the play therapist that she is making it bleed to put in to her underwear
- Is this PP/FII?
- What else do you need to consider here?

Ava

- Ava is a four week old baby who presents to her GP with abnormal movements and is transferred to the hospital where she is found to have very abnormal electrolytes in her blood
- She is stabilised and admitted to the ward
- Over the coming days, every time she is established back on her milk feeds, her electrolytes become unstable again
- Ava has no bowel symptoms and no skin issues to suggest a milk intolerance
- Ava tolerates ready-made formulas without issues but as soon as she has the powdered formula, her electrolytes again become deranged – regardless of who makes up the formula from the powder
- What is happening?

Questions?