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Title	Fabrication or induction of illness in older people
Authors	Ngambi, Esther
Publication date	2015-09-24
Original Citation	Ngambi, E. (2015) Fabrication or induction of illness in older people. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	https://www.ucc.ie/en/scishop/rr/
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Download date	2026-11-14 14:41:28
Item downloaded from	https://hdl.handle.net/10468/8774

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FABRICATION OR INDUCTION OF ILLNESS IN OLDER PEOPLE BY CARERS

(Munchausen Syndrome by proxy in an elderly person)

Esther Ngambi and Pauline Glavin (2015)

What is it?

Fabrication or Induction of Illness (FII) commonly known as Munchausen Syndrome by Proxy is an exceptional form of abuse in which a person with a care role falsifies or induces illness in an older person (65 and above) under their care in order to gain attention. This form of abuse may also involve professionals, unknowingly, playing a role through carrying out unnecessary medical or non-medical procedures, assessments and tests conducted in the name of treating the feigned illness, which can lead to stress and even death of the older person (Gilbert, 2014). The phenomenon is well documented in children, more so than older adults. A group of professionals in a community group called *Age: Wisdom and Hope* worked a with University College Cork's Master of Social Science (Social Policy) student to undertook an exploratory study on this topic to establish what was known about this issue and to inform the public.

THERE ARE POTENTIAL RISKS WITH LIFE THREATENING CONSEQUENCES FOR OLDER PEOPLE ASSOCIATED WITH FII BEING UNRECOGNISED

Our research revealed a lack of information, public awareness, difficulty in diagnosis and under-reporting. This short leaflet is therefore meant to share information on the topic as there are potential risks with life threatening consequences associated to FII in older people being unrecognised, unchecked and under reported (Lazenbatt, 2013). Fabrication or induction of illness can take place anywhere where older people receive long term care, be it in a family, day or residential care setting, nursing home, or community hospital (Cabral, 2014). The motivation of perpetrators are varied and complex, but can includes: attention-seeking for the carer through access to facilities and professionals, or gaining praise for helping older people, assuming a sick role by proxy and being seen as a 'wonderful' carer. Perpetrators' psychological needs are met through the attention they get during medical evaluations or involvement with various professionals (Deimel *et al*., 2012). Signs and symptoms may include:

- ✓ An older person having unverified medical conditions/unexplainable, recurrent illnesses;
- ✓ Interfering with medical or non-medical processes involving older people;
- ✓ Carer being over protective, over caring, over concerned, over feeding the older person;
- ✓ Carer being aggressive towards professionals and resisting efforts to help;
- ✓ Giving contradictory information;
- ✓ Causing an older person to appear disabled;
- ✓ Older person person's sudden health improvement in the absence of their carer;
- ✓ Older person being moved from one nursing home to another or one institution to another;
- ✓ Fear of losing a carer.

The above signs and symptoms are an indication of a *possible* FII in older people by carers (Smith & Arden, 1998). Should professionals, family members or the general public to suspect a case of FII in older adults, please inform your nearest social worker in charge of elder care or email: paulineglavin57@gmail.com for information. The full research report will be available on this link at the end of 2015: http://www.ucc.ie/en/scishop/rr/



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Check list on what to look out for on FII in older people by carers

	FII Signs and Symptoms in an older person	*Tick √ / X*
1	Having medically unverified conditions/ unexplainable, persistent or recurrent illness in older people	
2	Pretending to be ill	
3	Fear of losing the carer	
4	Fear of going to a Nursing Home	
5	Lacking cognitive capacity	
6	Seeking approval of carers for responses	
7	Behaving differently in the presence of the carer	
8	Dramatic change of health in absence of the carer	
9	Ability to do things in the absence of the carer	
10	Moving from one institution to another	
11	Discrepancies in the history and clinical findings in the older person	
12	Seeking medical attention from different professions	
	FII Signs and Symptoms in a carer	***Tick √ X***
1	Overmedicating the older person	
2	Unexplainable, persistent or recurrent illness in the older person.	
3	Interfering with older person's treatment	
4	Withholding medication	
5	Imposing conditions of care	
6	Overfeeding/ inappropriate feeding	
7	Underfeeding	
8	Direct or indirect encouraging signs & symptoms	
9	Giving contradictory information	
10	Self-praise	
11	Falsifies specimen of bodily fluids	
12	Exceptionally attentive	
13	Overcontrolling	
14	Obstructing medical process/any professional process	
15	Resisting effort to help	
16	Promotes sick role in an older person	
17	Persistent complaints	
18	Overcaring, visits or calls too often	
19	Overprotective	
20	Overconcerned	
21	Having conflict with professions	
22	Aggressive towards professionals	
23	Always the one speaking	
24	Forces older person to appear disabled	
25	Carer appears more worried about treatment and staff intervention than the older person	

***If you suspect FII in an older person tick appropriately and consult other multidisciplinary professionals on the way forward.**

***Source for the table was the interviews with participants (in Ngambi, E. (2015), Dissertation on Fabrication or Induction of Illness in Older People by Carers, UCC, Carl Project)**