

**PROTOCOL SHEET – MUNCHAUSEN BY PROXY SYNDROME (January 2000)**

**Background to Study**

Munchausen by Proxy Syndrome (MBPS) was first described in 1977. The syndrome involves behaviour by a caregiver with the deliberate intent of misleading the doctor. The behaviours of caregivers can involve fabrication, exaggeration or falsification of information or physical interference to create or worsen symptoms and signs. Diagnosis of the condition is made difficult by the many different possible presentations resulting from these patterns of behaviour and the nature of the caregivers' involvement. The different types of behaviour by the caregiver can create a wide spectrum of risk for the child. For some children the detrimental impact is relatively minor (over-presentation to health care-providers), for others it is intermediate (unnecessary investigations and hospitalisation) and for some severe (physical injury or death). A study on MBPS through the British Paediatric Surveillance Unit estimated an annual incidence of 0.5/100,000 children under 16 years of age and 2.8/100,000 under the age of 1 year, but information about the incidence in Australia is not available using established data sources. This study has adopted an inclusive approach to case ascertainment to develop a better understanding of the spectrum of this syndrome and to gather information about the problems faced by clinicians in making this diagnosis.

**Objectives:**

1. To determine the incidence of MBPS in Australia
2. To describe the range of presenting symptoms, the interval between first consultation and diagnosis and the clinical suspicion that led to diagnosis
3. To describe current practice in relation to diagnosis and management of MBPS
4. To describe health service use as a result of MBPS

**CASE DEFINITION AND REPORTING INSTRUCTIONS**

***Any child under the age of 15 years, who you suspect is presenting with physical or psychological symptoms or signs exaggerated, fabricated, or induced by a caregiver, with the deliberate intent of misleading the doctor.***

***Examples of exaggeration or fabrication of signs/symptoms:***

- *A child who is reported to have seizures which are never observed by anyone other than the caregiver, nor confirmed by investigation*
- *A child in whom the intensity/frequency of vomiting is exaggerated, leading to over-investigation, over-use of health professionals or over-treatment*
- *A caregiver falsely recording the amount/frequency of the child's vomiting on hospital charts*
- *A caregiver interfering with biological specimens eg. adding blood to microurine*

***Examples of induction of physical injury***

- *A caregiver producing symptoms/signs by actively intervening with the child eg. giving a child lpecac to induce vomiting*
- *A caregiver withholding treatment eg. failing to give anticonvulsants, leading to seizures*

Requirements for notification of MBPS to statutory agencies vary from state to state in Australia. In this study notification should be made at the time MBPS is suspected, rather than at the time the diagnosis is confirmed. Notification to statutory agencies should be made when you consider this clinically appropriate and/or as required in your state.

**Follow-up of positive returns**

A questionnaire requesting further details will be forwarded to the practitioners who report a case of Munchausen by Proxy Syndrome to the APSU. **A copy of the questionnaire is enclosed for your information.**

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