

# Malingering (DSM-IV-TR #V65.2)

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Malingers intentionally and purposefully feign illness to achieve some recognizable goal. They may wish to get drugs, win a lawsuit, or avoid work or military service. At times the deceit of the malingeringer may be readily apparent to the physician; however, medically sophisticated malingeringers have been known to deceive even the best of diagnosticians.

Some malingeringers may limit their dissembling simply to voicing complaints. Others may take advantage of an actual illness and embellish and exaggerate their symptoms out of all proportion to the severity of the underlying disease. Some may go so far as to actually stage an accident, and then go on to exaggerate any symptoms that may subsequently develop. Falsification of medical records may also occur.

Neurologic, psychiatric, and rheumatic illnesses are often chosen as models. Malingeringers may complain of headache, paresthesias, weakness, whiplash, or pain of any sort. Those accused of crimes may feign amnesia or complain of voices that they say made them do it. Depression may be feigned in hopes of obtaining disability payments. Low back pain is a favorite complaint for malingeringers.

Several features may serve to alert the physician to the possibility of malingering. First, look for obvious gains to patients should they be certified as ill, for example those who specifically request narcotics for pain or those seeking to win a personal injury lawsuit. Second, be alert to any discrepancies between the patient's complaints and what is known about the laws of anatomy and pathophysiology. As is described in the chapter on conversion disorder, often here too one finds that the patient's complaints "violate" these laws. Third, look carefully at cases where the patient is either unwilling to accept a justifiably good prognosis or is uncooperative with treatment. Finally, keep in mind that patients with an antisocial personality disorder are just as likely to lie as to tell the truth.

In suspect cases, collateral history should always be obtained from others who know the patient well, and this should be done before the patient has a chance to talk with them. When someone complains of constantly incapacitating back pain and the spouse reports how well the patient plays volleyball, the diagnostic evaluation is essentially over. Laboratory testing, if relevant, should always be performed, but often patients feign illness wherein laboratory testing is generally noncontributory.

A peculiar example of malingering is what is known as Ganser's syndrome. This is seen for the most part in prisoners awaiting either trial or sentencing. Also known as the "nonsense syndrome," it is characterized by the appearance of nonsense responses to questions. Typically, the patient appears dazed and confused, and responds to questions with answers that are always somewhat off the mark and past the point. For example, if the patient is asked to add 5 plus 3, he may respond "7"; with coaching he may offer other "guesses," such as 6 or 9, or any other number except the correct one. Or if asked where he is, the jailed prisoner may say he is in the locked ward of a hospital. Visual and auditory hallucinations may be described.

Confused and disoriented as these patients may appear, they are nevertheless capable of finding their way around the jail and of doing those things that are necessary to maintain a minimum level of comfort in jail or prison. All in all, these patients act out the "popular" conception of insanity to escape trial or punishment. Once the trial has occurred or punishment has been imposed, the "insanity" often clears up quickly.

One should be sure not to misdiagnose a case of schizophrenia as Ganser's syndrome. At times patients with schizophrenia may not have their antipsychotics continued after being jailed and may become floridly psychotic a few days later. A similar fate may await alcoholics who develop delirium tremens after imprisonment separates them from alcohol.

Malingering should be distinguished from a conversion symptom. In both instances a variance occurs between the patient's complaints and what is known about the laws of anatomy and pathophysiology. In malingering the goal is apparent, whereas in the patient with a conversion symptom, any recognizable "goal" may be lacking. Furthermore, the patient with a conversion symptom is at the mercy of that symptom and may be incapacitated by it, whereas the malingeringer can turn the symptom on and off at will.

Factitious illness may represent a subset of malingering and is a little more difficult to recognize because the goal of the dissimulation is something most normal people would not entertain, namely the sick role itself.

What the physician should do once certain that the patient is malingering is debatable. Some patients may be "reachable," and a frank but nonjudgmental discussion may be helpful. Others, heavily invested in their lies, should be told the simple truth, that they are not sick, and politely sent on their way. Whatever approach is taken, the physician must not attempt to placate the patient. To tell a malingeringer that, yes, they might be sick, or to prescribe medication, is simply to reinforce and reward lying, and this is a disservice to anyone.

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