

## FACTITIOUS DISORDERS

*Includes Malingering*

### Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) Medical Surveillance Monthly Report (MSMR) staff for the purpose of descriptive epidemiological reports on mental disorders and mental health problems among active duty Service members.<sup>1</sup> The reports provide a comprehensive look at the status of mental health in the Services and provide in depth information on numbers, rates, and trends of adjustment disorders and other mental health diagnoses that fall within the range of ICD-9-CM codes 290-319 (mental disorders).

### Clinical Description

Factitious disorders (e.g., Munchausen syndrome, hospital addiction syndrome, Ganser's syndrome) are classified as mental health disorders. Individuals with these disorders intentionally produce or feign physical signs and symptoms. Their behavior is motivated by their desire to assume "sick roles" (e.g., hospitalization, medical evaluation, and treatment).<sup>2</sup> Malingering is not classified as a mental health disorder but may be a behavioral expression of an underlying mental illness. Malingering refers to the intentional fabrication or exaggeration of symptoms by a person who is motivated by external incentives (e.g., to avoid military duty or other work, avoid legal responsibilities, criminal prosecution, or incarceration, or to obtain financial compensation). Malingering is associated with military conscription and service and is considered an offense under the U.S. military's criminal justice system particularly if the offense is committed during a time of war.<sup>3</sup>

### Case Definition and Incidence Rules

For surveillance purposes, a case of a factitious disorder is defined as:

- *One hospitalization* with any of the defining diagnoses of a factitious disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *Two outpatient medical encounters, within 180 days* of each other, with any of the defining diagnoses of a factitious disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *One outpatient medical encounter in a psychiatric or mental health care specialty setting*, defined by Medical Expense and Performance Reporting System (MEPRS) code BF, with any of the defining diagnoses of a factitious disorder (see ICD9 and ICD10 code list below) in the *first or second* diagnostic position.

*(continued on next page)*

<sup>1</sup> Armed Forces Health Surveillance Center. Mental Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, January 2000 – December 2009. *Medical Surveillance Monthly Report (MSMR)*. 2010 November; Vol.17 (11): 6- 12.

<sup>2</sup> American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> Edition).

<sup>3</sup> Armed Forces Health Surveillance Center. Malingering and Factitious Disorders and Illnesses, Active Component, U.S. Armed Forces, 1998-2012. *Medical Surveillance Monthly Report (MSMR)*. 2013 July; Vol.20 (7): 20-23.



### Case Definition and Incidence Rules *(continued)*

#### Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a diagnosis of factitious disorder.
- An individual is considered an incident case *once per surveillance period*.

#### Exclusions:

- None

### Codes

The following ICD9 and ICD10 codes are included in the case definition:

Condition	ICD-10-CM Codes	ICD-9-CM Codes
Factitious Disorders	F68.1 (factitious disorder)	--
	- F68.10 (factitious disorder, unspecified)	301.51 (chronic factitious illness with physical symptoms)
	- F68.11 (factitious disorder with predominantly <i>psychological</i> signs and symptoms)	300.16 (factitious disorder with predominantly psychological signs and symptoms)
	- F68.12 (factitious disorder with predominantly <i>physical</i> signs and symptoms)	301.51 (above)
	- F68.13 (factitious disorder with <i>combined</i> psychological and physical signs and symptoms)	300.16 (above) <i>[Conversion of ICD10 to ICD9 code requires additional ICD9 code for exact match]</i>
	<i>[Translated code too broad for inclusion]</i>	300.19 (other and unspecified factitious illness)
Malingering	Z76.5 (malingering[conscious simulation])	V65.2 (person feigning illness; (malingering))

### Development and Revisions

- In February of 2016 the case definition was updated to include ICD10 codes.
- This case definition was developed in November of 2010 by AFHSC MSMR staff for a MSMR article on mental disorders and mental health problems among active duty Service members.<sup>1</sup> The



case definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses.

#### *Case Definition and Incidence Rule Rationale*

- The case definition and incidence rules used for the 2013 MSMR article<sup>3</sup> for this case definition differ from those used for the mental health disorders included in the periodic AFHSB mental health report. Factitious disorders are not included in this report. *One hospitalization or outpatient medical encounter* with any of the defining diagnoses of a factitious disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

#### *Code Set Determination and Rationale*

- In January of 2016 ICD9 code 301.51 (chronic factitious illness with physical symptoms) was removed from the Personality Disorders case definition. The code was inadvertently included in the code set due to its categorization under histrionic personality disorders in the ICD-9-CM Manual. In DSM-IV factitious disorders are categorized independently and in DSM-5 factitious disorders are categorized under “Somatic Symptoms and Related Disorders.”

### **Reports**

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None

### **Review**

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| Feb 2016 | Case definition reviewed and adopted by AFHSC Surveillance Methods and Standards (SMS) working group. |
| Nov 2010 | Case definition developed and reviewed by AFHSC MSMR staff.   |

### **Comments**

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*Burden of Disease Reports:* AFHSC articles and reports on the “burden” of illness and injury in the U.S. Armed Forces group all illness and injury-specific diagnoses, defined by ICD-9-CM codes, into 139 burden of disease-related conditions and 25 categories based on a modified version of the classification system developed for the Global Burden of Disease (GBD) Study.<sup>4</sup> In general, the GBD system groups diagnoses with common pathophysiologic or etiologic bases and/or significant international health policymaking importance.

The AFHSC disaggregates some diagnoses that are grouped into single categories in the GBD system (e.g., mental disorders) to increase the military relevance of the results. The category of mental health disorders is separated into the following sub-categories of “disorders”: anxiety, substance abuse, adjustment, mood, tobacco dependence, psychotic, personality, somatoform, and all other mental disorders.<sup>5</sup>

Because reports on disease burden are based on the total number of medical encounters for a specific condition, a slightly different case definition is used for these analyses. The case definition requires only “*one inpatient or outpatient medical encounter* with any defining ICD9 codes between 001 and

<sup>4</sup> The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Murray, CJ and Lopez, AD, eds. Harvard School of Public Health (on behalf of the World Health Organization and The World Bank), 1996:120-2.

<sup>5</sup> Armed Forces Health Surveillance Center. Absolute and Relative Morbidity Burdens Attributable to Various Illnesses and Injuries, U.S. Armed Forces, 2011. *Medical Surveillance Monthly Report (MSMR)*. 2012 April; Vol.19 (4): 4-9.



999” and uses the diagnosis in the *primary* diagnostic position only. An individual is allowed one medical encounter per condition per day.

*Comprehensive AFHSC Mental Health Reports:* For analyses and reports requiring data on *all* mental disorders, AFHSC includes all mental health diagnoses that fall within the range of ICD-9-CM codes 290-319 (mental disorders) with a few exceptions.

- ICD9 code 305.1 (tobacco use disorder) is not included as tobacco-cessation efforts are widespread within primary care clinics in the military and this diagnosis is not treated as a mental health disorder.
- ICD9 codes 299.xx (pervasive developmental disorders) and ICD9 codes 317.xx -319.xx (mild, other, and unspecified intellectual disabilities) are not included as these conditions do not represent mental health disorders that AFHSC is trying to track with these reports.

