The Faking Patient

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The new doctor & the new technician
have the special opportunity to see special patients
"for the intimate revelations of young men or at least the terms in which they express them are usually plagiaristic and marred by obvious suppressions."

F. Scott Fitzgerald

References

The Faking Patient

Objectives
- Define malingering & discuss related diagnoses
- Provide communication techniques for staff when dealing with malingerers
- Describe examination tricks to identify malingerers
- Discuss referral sources and treatment options

What is nonorganic vision loss?

Confusing terms
Malingering – willful, deliberate fraudulent feigning or exaggeration of symptoms or illness or injury for a desired perceived benefit

**Ocular Malingering**

- external incentives
  - compensation
  - evading criminal prosecution
  - avoiding military service or work
    - 0.5-3.0% at routine Army induction examinations
  - drugs & shelter less commonly

**More confusing terms**

- Nonorganic vision loss – umbrella term
- Hysteria/functional vision loss – patients are cooperative & desire attention
- Factitious Disorder/Munchausen Syndrome – mental illness, deliberately feign or create symptoms to assume the sick role
- Somatoform Disorder/conversion disorder – multiple complaints, unconscious, no intent to deceive

**Why should you care about this topic?**

You are paying for it
It is a gigantic waste of your time

**A drain on society**

- Waste of medical resources
  - 13% psychiatrists visits
  - 45% when associated with injury claims or compensation
  - fraud totaled 59$ billion
  - 1050$ in added premiums for American family
- Loss of workforce productivity/absenteeism
- Waste of medicaid, social security, disability & worker’s compensation
  - 15 yrs ago health insurance
Tips and Tricks

Communication tips
• Prolonged examination is key
• Rapid firing of questions
• Leading questions may uncover false positives
• Patients may be vague or evasive

Communication tips
• Avoid accusation that leads to...
  – Hostility
  – Breakdown of patient-physician relationship
  – Lawsuit
  – Violence

What do you say when the angry inconsiderate childish doctor walks out of the room?

Communication tips
• If confronting, do so indirectly
  – “Criteria for diagnosis do not meet the findings”
  – Suggest invasive examination & uncomfortable testing may be required
  – Psychiatric referral not usually recommended
    • seldom accepted, rarely helpful, perpetuates malingering
Communication tips

“Your vision loss has to be causing your system a great deal of stress, and we know that only makes the vision loss worse. Consultation from a psychiatrist might help us with your vision loss by reducing the stress.”

Malingering Tips

- History
  - Have to have suspicion
    - antisocial or histrionic personality disorder
    - medicolegal cases
    - ocular history & findings do not correlate right from the start
    - young adult males

Malingering Tips

These patients may...

- Collide purposefully into you & other objects
- Avoid eye contact
- Become uncooperative
- Wear sunglasses without real photophobia

Examination Tricks & Treats

For 2 blind eyes

- Menace reflex

Examination tricks for 2 blind eyes
Examination tricks

Schmidt-Rimpler test
(except in corporeal agnosia)

Examination tricks

Finger to Finger test
(test of proprioception)

Examination tricks

Signature test
Examination tricks
Optokinetic nystagmus test
(OKN drum)

Examination tricks
Mirror test
(hand motions or better)

Examination tricks
Head rotation nystagmus
if no nystagmus, then refixation is present

Examination tricks
ERG - patients can still alter outcome
VEP - confusing, but useful

Examination tricks for 1 blind eye
Alternate OKN drum test
Faking 1 blind eye

4 prism diopter tests:
1. Objective fixation test
2. Duane’s method
3. Graefe’s test

Faking 1 blind eye

Physiologic diplopia

Faking 1 blind eye

fogging test

Faking 1 blind eye

Tilt the pin hole test

Faking 1 blind eye

Synoptophore test
and stereoscopic test
Faking 1 blind eye

Visual fields - Concentric contraction with no expansion of the field at an increasing test distance

Faking 1 blind eye

Vestibular test
(testing calorics is cruel)

Keep in mind to

• support diagnosis with medically sound tests
• not rush to label a patient a malingerer
• remember this is a diagnosis of exclusion
• differentiate from other diseases

Do not miss common diagnoses

Do not miss uncommon life-threatening diagnoses
Amblyopia

Keratoconus

Central Serous Chorioretinopathy
• History, Amsler grid, Macular OCT, FA

Retinitis Pigmentosa
Sine Pigmento
• Family history of vision loss
• Never unilateral
• Waxy optic nerves
• Typically younger patients

AZOOR

Metastatic Retinal Cancer
The Faking Patient

- Neuro-Ophthalmology
- Retina Specialist
- Psychologist/Psychiatrist
  be careful
- Primary Care Physician
- The new young doctor in town

To disclose your opinion or not?

May be helpful to reveal there is no physical evidence of illness causing vision loss

Family may feel better about resisting patient manipulation

For factitious disorder, SSRIs and/or Pimozide used in past

For malingering, behavioral modification/counseling

Family involvement/healthy support system

Help your team. Do not do this.

A case presentation

I want to have cataract surgery

- 61 year-old female
- -2.00 +0.50 x 075  20/30- OD
  -2.50 +1.25 x 121  20/60- OS
- Pigment Dispersion Glaucoma
- Corneal Epithelial Basement Membrane Disease
- 1+ NS Cataract OU
The aftermath...

- Crystalens HD IOL OU
- Uncorrected post-op VA OD 20/25, OS 20/200
  - Best corrected 20/50- OS -1.75 +1.50 x 132
- Planned laser vision correction
  - Combined PTK/PRK OS
- F/u VA OS
  - sc 20/100
  - cc -1.75 +1.25 x 125 20/30+2

PRK Retreatment

- 20/20 VA OS with soft toric CL
- 1 w after 2nd PRK enhancement 20/200 ph 20/70
- 3 m later 20/200 ph NI
- Corneal specialist?
  - HOA
  - Irregular vs regular astigmatism
  - Malingering

Frustration

No APD
Normal exam
Cannot trick her in the exam room
What is he going to think about this?

Have a terrific lunch!