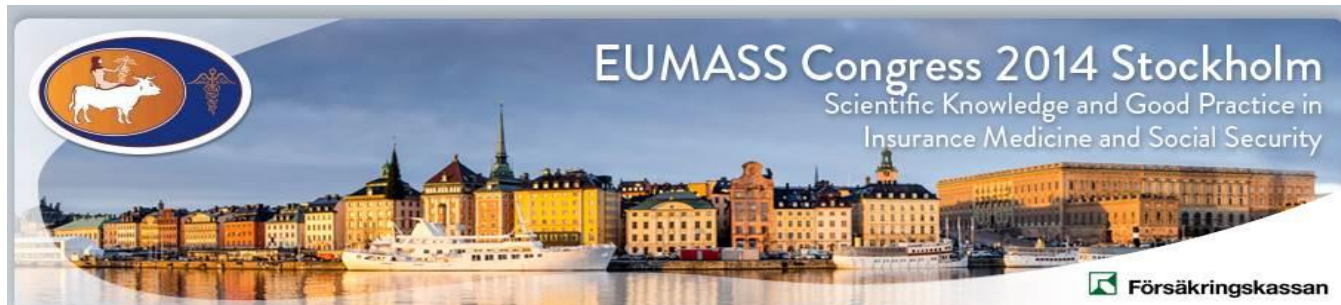


A SEARCH FOR SIGNS OF MALINGERING – A PRACTICAL TOOL

What is BeteendeMedicinskt Center (Bemce)

Social security claims

Claims for support for daily living.



Faculty Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
<input type="checkbox"/>	Yes, please specify:

Malingering

Definition according to DSM 5 V65.2

A) External drive

B) The individual has control over his symptoms

C) He does it deliberately

Malingering? In Sweden?!

3-21% depending on the context.

3% in the overall population

Ex: Bentz psychiatric practice 5%

Prison 21%

Social security system?

Why care?

- The effect on the economy is massive.
- Affects the sense of justice.
- The individual state of health is affected.
- The close family is usually badly affected.
- Perhaps we could help?

Diagnos Malingering

- The person consciously lies och grossly exaggerates somatic or psychiatric symptoms.
- There is an external motivation.
- Obvious discrepancy between the patients reported symptom/suffering/disabilities and the clinical facts.
- Lack of cooperation

External motivator

- To deal with military service
- Work situation
- Economy
- Forensic/deal with the prison/legal system.
- Adaptive behaviour
- Extortion

The 4 areas of examination

- Motivational factors
- Symptoms
- Documentation
- Observations

Medical factors connected to malingering

- Uncommon and atypical symptoms
- Sudden or unexpected changes
- Incoherent story
- All information from another person
- Discrepancy between reported and observed behaviour.
- None or very infrequent contact with health service. Usually only when health certificate is needed.

Psychiatric symptoms

- Realistic
- Observable/measurable
- Connected to actual diagnosis
- Consistency

Severity

Common
Fluctuation
Managable
Medium severity

Malingering?
Continuously
Unmanagable
Worst possible

Psychological testing

- WAIS
- MMPIA
- Structured Interview of Reported Symptoms SIRS
- Other questionnaires

Testresults and implications

- Floor effect/extreme results
- Incongruence
- Violation of learning principles
- Behaviour

Documentation

- Medical history (Diagnosis, doctors visits, medical tests and so on.
- Legal history
- Working background
- Traumatic experience

The checklist

- Possibility of Malingering
- Hardly anything done or written in swedish
- A search for objectivity.
- Continious modification
- Not yet validated

How do we use the checklist?

- Carefully study the documentation.
- A "gut feeling" is only useful when there are facts connected to it.
- Checklist – in team work, the whole team uses it according to their professions.
- Team discussion.

Questions indicating nonmalingering

- a) The patient has undergone verified treatments f.ex. ECT,antipsychotic medication with serum analyses.
- b) Verified data from documentation and other sources that support the patients version.
- c) Significant recent trauma (f.ex the death of a child)
- d) Explicit symptoms, manic or selfdestructive behaviour.
- e) Historically verified psychiatric illness congruent with present diagnosis.

The outside world

Daily activities are incongruent with the diagnosis and reported symptoms.

There is a history of noncooperation regarding suggested treatments

FUTURE

- We need to modify and validate the checklist.
- There is a need to talk about malingering as a reality, even in Sweden.