

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i58p3935-3950>

The importance of Health Professionals' information of Munchausen Syndrome by Proxy: A Systematic Review

La importancia de la información de los Profesionales de la Salud sobre el Síndrome de Munchausen por poder: Una Revisión Sistemática

A importância da informação dos Profissionais da Saúde sobre a Síndrome de Munchausen por procuração: Uma Revisão Sistemática

ABSTRACT

The availability of various medical examinations and procedures, subjective symptoms resistant to treatment, the desire of the medical profession to rule out all possible medical causes and the lack of information about Munchausen syndrome by proxy (MSBP) are some of the reasons for a late diagnosis. . Objective: To carry out a systematic review of the literature on the importance of informing health professionals about MSBP. Methods: A systematic review of the literature was performed using the PUBMED database. The PRISMA protocol was used to perform this review. Results: Of the 117 articles found, 8 were selected to compose the article. Discussion: Although some studies report an increase in the knowledge of health professionals about MSBP, there is an underestimation of the cases. Conclusions: One reason for the underestimation is the lack of information from health professionals about this syndrome.

DESCRIPTORS: Munchausen Syndrome; Patient Care Teams; Mental Health.

RESUMEN

La disponibilidad de diversos exámenes y procedimientos médicos, síntomas subjetivos resistentes al tratamiento, el deseo de la profesión médica de descartar todas las posibles causas médicas y la falta de información sobre el síndrome de Munchausen causado por tercero son algunas (MSBP) de las razones de un diagnóstico tardío. . Objetivo: Realizar una revisión sistemática de la literatura sobre la importancia de informar a los profesionales de la salud sobre la MSBP. Métodos: Se realizó una revisión sistemática de la literatura utilizando la base de datos PUBMED. Se utilizó el protocolo PRISMA para realizar esta revisión. Resultados: De los 117 artículos encontrados, 8 fueron seleccionados para el artículo. Discusión: Aunque algunos estudios reportan un aumento en el conocimiento de los profesionales de la salud sobre la MSBP, hay una subestimación de casos. Conclusiones: Una de las razones de la subestimación es la falta de información de los profesionales de la salud sobre este síndrome.

DESCRIPTORES: Síndrome de Munchausen; Grupo de Atención al Paciente; Salud Mental.

RESUMO

A disponibilidade de vários exames e procedimentos médicos, sintomas subjetivos resistentes ao tratamento, um desejo da classe médica de descartar todas as causas médicas potenciais e a falta de informação sobre a Síndrome de Munchausen por procuração (MSBP) são algumas das razões para um diagnóstico tardio. Objetivo: Realizar uma revisão sistemática da literatura sobre a importância da informação dos profissionais da saúde sobre a MSBP. Métodos: Uma revisão sistemática da literatura foi realizada, através da base de dados PUBMED. Foi utilizado o protocolo PRISMA para realização desta revisão. Resultados: Dos 117 artigos encontrados, 8 foram selecionados para o artigo. Discussão: Apesar de alguns estudos relatarem o aumento do conhecimento pelos profissionais da saúde sobre a MSBP, existe uma subestimação de casos. Conclusões: Um dos motivos para a subestimação é a falta de informação dos profissionais da área da saúde sobre essa síndrome.

DESCRIPTORES: Síndrome de Munchausen; Equipe de Assistência ao Paciente; Saúde Mental.

RECEIVED ON: 07/25/2020 APPROVED ON: 09/14/2020

Larissa de Carvalho Bezerra

Medical student at the Medical School Estácio de Juazeiro do Norte – CE.
ORCID: 0000-0001-8166-6215

Ana Alick Vieira Machado Leite

Medical student at the Medical School Estácio de Juazeiro do Norte – CE.
ORCID: 0000-0003-0249-3219

Ana Vitória Gonçalves Ribeiro

Medical student at the Medical School Estácio de Juazeiro do Norte – CE.
ORCID: 0000-0002-5832-6826

Daianny Mesquita Ponte

Medical student at the Medical School Estácio de Juazeiro do Norte – CE.
ORCID: 0000-0002-7789-6891

Modesto Leite Rolim Neto

Free Professor at the School of Public Health at USP. Post-Doctorate in Public Health from the University of São Paulo – USP.
ORCID: 0000-0002-7715-5508

Juliane dos Anjos de Paula

Psychiatrist at the Instituto Cérebro Mente e Visão IN Juazeiro do Norte- CE. Professor of Mental Health at the Faculty of Medicine Estácio de Juazeiro do Norte - CE. Academic master's degree in Health Sciences from the Faculty of Medicine of ABC-SP. Medical Residency in Psychiatry at Hospital das Clínicas, Federal University of Pernambuco – PE.
ORCID: 0000-0002-2992-988X

INTRODUCTION

In the 1950s, Asher first described Munchausen's syndrome (MS). The classic scenario of this syndrome is characterized by the history of numerous outpatient visits and hospitalizations; unclear symptoms that became more severe or changed after negative test results or after starting treatment; extensive knowledge of medical terminology and willingness to undergo medical examinations, operations or other procedures.^[1]

Munchausen syndrome by proxy (MSBP), first described by Meadow in 1977, has the same purposes as previously reported, however, it is a transfer of these desires to a third party. It is defined by childhood abuse by a caregiver through the fabrication of diseases in a child with the aim of excessive medical care for the victim. [2] Epidemiological data are rarely available, and most are variable. The great variability of the data obtained can also be attributed to several factors, such as diffe-

rent study scenarios, research criteria and methods.^[1]

Anecdotal evidence suggests that some cases of MSBP are particularly difficult to manage, as legal approaches are inconsistent and results are often less than ideal. Delay in initial diagnosis increases the likelihood of poor prognosis. Denial (both in parents and professionals) allows for this late diagnosis, since the authors have an inherent skill in handling health professionals and child protection services. [3] The availability of various medical tests and procedures, subjective symptoms resistant to treatment, a desire by the medical profession to rule out all potential medical causes and the lack of information on MSBP are some of the reasons for a late diagnosis and this delay can result in morbidity significant.^[4]

This article aims to conduct a systematic review of the literature on the importance of health professionals' information on Munchausen Syndrome by Proxy (MSBP) for the context of early diagnosis and treatment.

METHOD

A qualitative systematic review of the scientific literature was carried out, following the PRISMA protocol (MOHER et al., 2015), being guided by the following question: “What is the importance of the information of health professionals about Munchausen Syndrome by Proxy (MSBP) for the context of early diagnosis and treatment?”

The search for articles was carried out in the online databases MEDLINE (PUBMED), in the months of April and May 2020, with no limit on the date of publication. The following MeSH terms were used for the search: “munchausen syndrome by proxy” and “health personnel”. Initially, the search strategy was based on crossing the following terms:

1 “Munchausen syndrome by proxy”

2 “health personnel”

The terms were crossed as follows: # 1 AND # 2. The search strategy and the articles found were reviewed on a first occasion by two independent research-

chers, in order to ensure the adequacy of the sample.

The inclusion criteria for this study were: a) articles that were related to the proposed theme; b) original articles: prospective or retrospective studies of an observational (analytical or descriptive, except case report), experimental or quasi-experimental character. The following were excluded: a) other study designs, such as case reports, case series, literature review; b) comments, editorials, reviews and letters to the reader; c) articles not consistent with the theme.

After selection, each article in the sample was read in its entirety, and the relevant data for the research were extracted from it and included in a spreadsheet containing author, year, name of the journal/type of study/sample/main findings.

After this selection, there was a scarcity of articles from the chosen database that fit this research, as only two articles were included. To complete the content of this work, having observed the difficulty of selection and the few articles available on the topic with the MeSH terms, an analysis of the bibliographic

revisions excluded in the first selection on a second occasion was carried out by two independent researchers, so it was selected two current bibliographic reviews that emphasized the theme in a cohesive manner with the objectives of this article. The bibliographic revisions chosen were those by Cordona and Asnes (2019) and Davis, Murtagh and Glaser (2018). As one of our exclusion criteria were bibliographic reviews, we did not use them to compose the study, but they were useful to carry out a thorough analysis of their references with the same inclusion and exclusion criteria previously reported in search of works that fit these criteria. Therefore, the following were also included in the selection worksheet: a) an article (comparative study) from the bibliographic review by Cordona and Asnes (2019); b) five articles (1 prospective study, 1 clinical trial, 1 retrospective study, 1 cross-sectional study and 1 case-control study) from the literature review by Davis, Murtagh and Glaser (2018).

RESULTS

Initially, the aforementioned search strategies resulted in 48 papers, of which 2 papers were considered eligible and were included in the final sample. Of the 46 excluded studies, 2 studies were selected, which were systematic reviews of the literature, which were totally in accordance with the central theme. The literature review by Cardona and Agnes (2019) included 20 references, when the selection criteria were applied, 1 article of these references was included. The review by Davis, Murtagh and Glaser (2018) included 49 citations and 5 articles from these references were included to compose the final sample. This sample consists, then, with 8 articles selected from 117 found 48 (initial search with MeSH Terms) + 20 + 49 (Figure 1). According to table 1, the articles were organized based on the information: author, year, magazine/title/type of study/sample and main findings.

DISCUSSION

Some studies have reported underestimating cases of Munchausen Syndrome by Proxy (MSBP).^[1,3,5] The coefficients of incidence and prevalence reported in some studies confirm this finding: the combined annual incidence of these conditions in children under 16 is at least 0.5 / 100,000 and, for children under 1 year, is at least 2.8 / 100,000.^[3] The incidence of MSBP in children under 16 was 2.0 / 100,000; [2] MSBP showed a prevalence of 0.53%.^[1]

In this sense, some causes for this underestimation can be highlighted, such as: a) the lack of academic incentive about the diagnosis of MSBP and the lack of prior knowledge by the medical team about MSBP; [6] b) Anxiety about legality or maintaining confidentiality may dissuade some pediatricians from reporting cases; c) The diagnosis of a 'rare' condition without an appropriate confirmatory medical 'test' is sometimes difficult and can cause a lack of confidence to report; d) The non-involvement of a pediatrician, the child's absent-

Figure 1: Flowchart showing selection of studies for review: research strategy, the number of records identified, works included and excluded, and the reasons for exclusions.

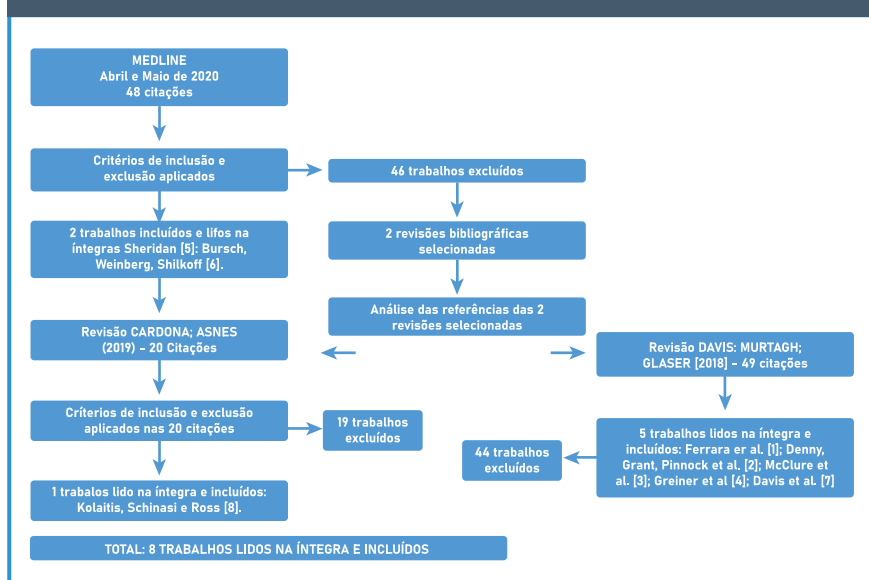


Table 1: Key findings that relate the knowledge of health professionals about the Munchausen Syndrome by Proxy.

Autor (ano) Periódico	Título	Tipo de estudo	Amostra	Principais achados
FERRARA, et al.,(2013) Journal of Child Health Care	Factitious Disorders and Munchausen Syndrome: The Tip of the Iceberg	Transversal	751 pacientes encaminhados à Unidade de Pediatria do Departamento de Pediatria da Escola de Medicina da Universidade Católica (Hospital Agostino Gemelli) em Roma recrutados entre novembro de 2007 e março de 2010 para o diagnóstico de transtorno factício de acordo com o Manual diagnóstico e estatístico de transtornos mentais - 5ª edição (DSM-5).	A média de duração do abuso foi de 10,3 meses. A equipe interdisciplinar foi coordenada por um médico especialista em Síndrome de Munchausen por Procuração, e todos os membros aceitaram a possibilidade de diagnóstico. O estudo conclui que uma vítima da Síndrome de Munchausen por Procuração sendo avaliada por uma equipe multidisciplinar bem treinada permite a identificação precoce do abuso nessas crianças. Estar ciente da possibilidade de um diagnóstico dessa síndrome, e não negar o diagnóstico parece ser o primeiro passo para uma notificação precoce, associado a uma análise cuidadosa de toda a história médica e comportamentos da mãe e do filho ^[1] .
DENNY; GRANT; PINNOCK (2001) Journal of Paediatrics and Child Health	Epidemiology of Munchausen syndrome by proxy in New Zealand	Estudo Retrospectivo	18 casos de Síndrome de Munchausen por Procuração relatados por pediatras (amostra de 156 pessoas) em toda a Nova Zelândia durante os 12 meses no período de maio a agosto de 1998–1999.	Dez (56%) dos 18 pediatras envolvidos com casos de Síndrome de Munchausen por Procuração relataram estresse ou dificuldade com essa condição. As aparições no tribunal e a falta de apoio foram identificadas como sendo traumáticas. Em um caso, um pediatra teve que lidar com a morte e ameaças da família. Muitas vezes, a responsabilidade de fazer o diagnóstico reside, principalmente, no pediatra, sendo ele exposto ao risco de abuso e estresse. Por isso, o alto grau de estresse e dificuldade relatados pela equipe médica que lida com essa forma de abuso infantil deve ser reconhecido. Além disso, o estudo abordou que houve um aumento de relatórios sobre a síndrome de Munchausen por Procuração, tanto na literatura médica e imprensa leiga, incluindo uma série de casos na mídia. Tudo isso levou a uma maior conscientização da condição por pediatras, mas existem dificuldades óbvias para os médicos em fazer diagnóstico de abuso infantil por Síndrome de Munchausen por Procuração, sendo o mais importante o grau em que o próprio médico pode estar contribuindo ao abuso da criança ^[2] .

MCCLURE et al.,(1996)
Archives of Disease in Childhood

Epidemiology of Munchausen syndrome by proxy, non-accidental poisoning, and non-accidental suffocation

Coorte

Membros do British Pediatric Association em todo o Reino Unido e República da Irlanda- Relatório de Notificação de doenças pediátricas por dois anos. 128 casos de Síndrome de Munchausen por Procuração foram relatados.

A maioria das crianças está na faixa etária de 5 anos, sendo a idade média de 20 meses. Uma possível explicação pode ser o aumento da conscientização dos médicos sobre essas formas de abuso, levando a diagnósticos mais precoces. 85% dos pediatras estimaram a probabilidade de seu diagnóstico estar correto como superior a 90%. Apenas um caso teve probabilidade menor que 50%. O alto grau de certeza que o pediatra relata seu diagnóstico é significativo. Uma reivindicação comum feita na mídia, bem como nos tribunais, é que muitos pediatras podem ter mais zelo no diagnóstico dessas condições. Essas condições também descrevem a suposta prática de pediatras rotularem seus casos, ao serem incapazes de diagnosticar o abuso. Os resultados do estudo sugerem que a maioria dos pediatras não faça o diagnóstico com evidências tênues, mas faça isso apenas quando sentirem que há alta probabilidade de abuso. Deve ser declarado, também, que pediatras em algumas regiões podem ser menos dispostos a relatar casos em oposição da alta segurança dos que residem em outras regiões, por isso, é mais provável que médicos em localidades com baixas incidências falhem em reconhecer ou notificar casos ^[3].

GREINER, et al., (2013)
Hospital Pediatrics

A Preliminary Screening Instrument for Early Detection of Medical Child Abuse (2013)

Caso- Controle

Casos: Dezenove pacientes com 34 hospitalizações e abuso médico infantil confirmado foram identificados pela equipe de abuso infantil de uma única instituição de 1989 a 2009.

O maior impedimento ao diagnóstico precoce de Síndrome de Munchausen por Procuração foi a omissão de doença factícia no diagnóstico diferencial pela equipe de saúde. Os autores tendem a escolher médicos que recomendam testes repetidos e procedimentos invasivos, removendo seus filhos dos cuidados daqueles médicos que se recusam a encaminhar ao tratamento que o responsável pela criança deseja. Os médicos devem pensar no melhor para seu paciente e famílias e, também, podem relutar em aceitar que eles, através de testes e tratamentos desnecessários, causem morbidade significativa para seus pacientes. O estudo propõe uma ferramenta de triagem que pode ser usada para auxiliar as instituições, médicos e hospitais pediátricos na identificação de possíveis casos de Síndrome de Munchausen por Procuração para que facilite o encaminhamento ao pediatra de abuso infantil e equipe multidisciplinar de proteção à criança ^[4].

SHERIDAN (1994) Hawaii Medical Journal	Parents' reporting of symptoms in their children: physicians' perceptions.	Transversal	Controles: 408 pacientes selecionados.	<p>Médicos relatam o quanto, no atendimento, os responsáveis alegam os sintomas dos pacientes pediátricos: 5% ocultam / não relatam, 8% minimizam, 80% relatam com precisão, 10% exageram e 1% falsamente relataram / induziram sintomas. Desse modo, alegaram menos casos intrigantes em suas próprias práticas do que essas estimativas sugerem ^[5].</p> <p>O estudo dividiu entre aqueles que tiveram conhecimento prévio sobre a Síndrome de Munchausen por Procuração (47,7%) e aqueles que foram expostos ao assunto durante o estudo (52,3%). 25% dos enfermeiros pediátricos que responderam ao questionário relataram que agora suspeitavam seriamente que haviam visto um caso de Síndrome de Munchausen por Procuração no ano anterior a pesquisa e 23,5% relataram que eles tiveram experiência direta com um caso. Entre os entrevistados que suspeitaram de um caso, 36,4% indicaram que não suspeitavam no momento em que cuidavam da criança. Apenas cerca de metade dos casos suspeitos foram formalmente investigados.</p> <p>Apenas uma enfermeira relatou ter aprendido sobre síndrome através de formação acadêmica [6].</p>
BURSCHE; WEINBERG; SHILKOFF (1996) Comprehensive Pediatric Nursing	Nurses' knowledge of and experience with Munchausen Syndrome by Proxy	Transversal	Não disponível	<p>Na continuação do estudo de McClure et al. (1996), os pediatras notificantes que expressaram um alto grau de certeza sobre o diagnóstico dessas condições alegam que o diagnóstico ainda estava em equilíbrio de probabilidade, porém foi excluído um caso devido à incerteza diagnóstica.</p> <p>É necessário acompanhamento pediátrico da família, principalmente quando a criança permanece no cuidado do agressor. Isso geralmente seria feito pelo pediatra que fez o diagnóstico e está mais familiarizado com o abuso ou por um especialista em proteção infantil ^[7].</p>
DAVIS, et al., 1998) Archives of Disease in Childhood	Procedures, placement, and risks of further abuse after Munchausen syndrome by proxy, non-accidental poisoning, and non-accidental suffocation	Ensaio Clínico	132 enfermeiros pediátricos Pediatras membros do British Pediatric Association em todo o Reino Unido e República da Irlanda acompanhados entre setembro de 1994 e agosto de 1995. Foi identificado 128 casos em um estudo de coorte anterior a pesquisa e obtiveram dados de resultados para 119 desses casos de Síndrome de Munchausen por Procuração.	<p>Avaliaram as atitudes dos médicos em relação à revelação de erros para pais e pacientes pediátricos. No geral, 98% dos entrevistados acreditavam que era muito importante divulgar erros médicos para os pais versus 57% para os pacientes pediátricos. Quando revelado a pacientes pediátricos, 88% dos entrevistados acreditavam que os médicos devem divulgar com os pais presentes ^[8].</p>
KOLAITIS; SCHINASI; ROSS (2016) Academic Pediatric Association	Should Medical Errors Be Disclosed to Pediatric Patients? Pediatricians' Attitudes Toward Error Disclosure	Transversal	1200 membros da Academia Americana de Pediatria.	

ce from the protection case conference (either because the child was no longer at risk or had died) and the major regional differences; ^[3] e) Trauma by health professionals from court appearances, if this form of child abuse is reported and assessed in court and requires the doctor's appearance; f) Difficulties in this approach, mainly for pediatricians in remote and / or isolated environments; g) involvement of physicians unfamiliar with MSBP can, in some cases, make management worse, as these caregivers are notorious for "dividing" the teams and generating uncertainty in the diagnosis; ^[2] h) the lack of a careful analysis of the entire medical history and behaviors of the mother-child, as a well-trained and conscious multidisciplinary team is required to diagnose; ^[1] i) omission by health professionals of factitious disease in the differential diagnosis. ^[4]

Despite highlighting the underestimation of cases, some studies reported an increase in knowledge by health professionals about MSBP. ^[1,2,3,6] According to Bursch, Weinberg and Shilkoff [6] younger nurses are more likely to have heard about MSBP and to have had direct experience than older nurses. McClure et al., ^[3] showed that the majority of children who suffered MSBP abuse were less than 5 years old, with an average age of 20 months, less than the age reported in previous studies. One possible explanation may be the increase in doctors' awareness of these forms of abuse, leading to early diagnoses. 85% of pediatricians in the study estimated the probability that their diagnosis was correct as greater than 90%, however, this result may be biased, since they suggest that most pediatricians do not make the diagnosis with faint evidence, but only when they feel that there is high probability of abuse. Ferrara et al. ^[1] stated that the average age of abuse duration was 10.3 months. Denny; Grant and Pinnock ^[2] showed that 61% of cases were referred to child protection agencies or the police. The time for diagnosis since the initial presentation was 7 months

in cases referred to child protection agencies and 23 months in cases not mentioned. The mean age at diagnosis was 2,7 years, with 66% below 5 years. There has been an increase in reports in both the medical literature and the lay press, including a number of cases in the media. All of this has led to greater awareness of the condition by pediatricians.

Aiming at the importance of early diagnosis, since abuse with direct harm to the child is associated with a reduced likelihood of successful rehabilitation, there must be strategies to intervene in a progressive and safe way. [7] GREINER et al. ^[4], managed to demonstrate a sensitivity of 0,947 and a specificity of 0,956 in the diagnosis of MSBP among cases using a 15 item screening instrument: 1-The caregiver has characteristics of Munchausen syndrome (multiple diagnoses, surgeries and hospitalizations, without specific diagnosis); 2-The caregiver received psychiatric counseling/assistance; 3-The caregiver has a personal history of child abuse; 4- The caregiver leaves the hospital against medical advice or insists on the transfer; 5- History of cyanosis; 6- Assistance in more than 1 hospital in 6 months; 7- Consultation with 1 or more specialists; 8- The disease decreases when the patient is out of the care of the main caregiver; 9- More than 1 episode of post-discharge apnea in the nursery; 10- Bruises or trauma to the face/neck; 11- Apnea monitor prescription/request; 12- Chronic diarrhea with or without vomiting in more than 2 weeks; 13- Chronic vomiting/diarrhea without definitive diagnosis; 14- Erratic levels of medications; 15- Toxic drug levels on more than 1 occasion. The analysis indicated scores greater than or equal to 4 as a positive test for MSBP and identified 94,7% of the cases of MSBP in the sample.

Para que essa triagem seja eficaz, todos os profissionais de saúde precisam de educação sobre o tema, como: a) um protocolo a seguir para avaliar sistematicamente as suspeitas, e acesso aos espe-

cialistas em MSBP que podem fornecer consulta à equipe de uma perspectiva objetiva; b) a inclusão de enfermeiros pediátricos como membros da equipe é fundamental para a identificação, avaliação e gerenciamento ^[6]. c) conhecer os sinais de alerta da síndrome de Munchausen por Procuração ^[5]; abordagem multidisciplinar para o diagnóstico e tratamento de suspeita casos ^[2] e equipe interdisciplinar coordenada por um médico especialista em MSBP ^[1].

There are difficulties for doctors to confirm the diagnosis of child abuse by the MSBP, the most important being the degree to which the doctor himself may be contributing to the child abuse. ^[2] According to McClure et al. ^[3] at the time of diagnosis, 122 children were admitted to the hospital as a result of the abuse, of which 53 were in the hospital between seven and 30 nights. Thirty-three were hospitalized for more than 30 nights. Inappropriate invasive investigations or treatments, including drug treatment, were inflicted on 119 (93%) children. MSBP caregivers tend to choose doctors who recommend repeated testing and invasive procedures, removing their children from the care of those doctors who refuse to refer to the treatment desired by the child's guardian. But, the medical team must think about the best for their patients and families, and they may also be reluctant to accept that they, through unnecessary tests and treatments, cause significant morbidity to their patients. Having a lower threshold to include MSBP in the differential diagnosis can limit unnecessary medical procedures and decrease the risk of morbidity and mortality. ^[4] Kolaitis, Schinasi and Ross ^[8] reported difficulties for health professionals in how to proceed in cases where the mistake of the medical team influenced child abuse, the study evaluated the attitudes of doctors regarding the disclosure of errors for parents and pediatric patients, which showed that 98% of respondents believed it was very important to report medical errors in parents versus 57% in pediatric patients. Most respon-

dents agree to report errors to parents and older pediatric patients, especially when irreversible damage occurs.

This whole discussion is important to avoid the consequences of MSBP on children, since McClure et al.,^[3] identified 98 cases of MSBP, of which 43 suffered more than one type of abuse. Abuse involving direct harm to the child is associated with a reduced likelihood of successful rehabilitation, so strategies must be in place to intervene progressively and safely. Davis et al.,^[7] reported that the survivors' morbidity was high and emphasizes the serious nature of MSBP, in which the abuse of siblings was more common than the rehabilitation of the children themselves. They also reported that despite the high rate of intervention, at the time of the study, one third of the victims were still with their families, so it is assumed that they are at risk of abuse, therefore, reintroduction at home should be considered only when the circumstances are especially favorable and it is necessary to accompany the victim by a pediatrician or some health professional, especially when the child remains in the care of the aggressor. Although 108 of 120 surviving victims (90%) were included in child protection records at the initial case conference, that number had dropped significantly to 32% (35/111) at the time of follow-up. Denny, Grant and Pinnock^[2] showed that only 50% of cases

The attention of health professionals on the knowledge of this pathology is important, since it is considered a serious form of violence against children.

reported that after diagnosis there was an improvement or resolution of symptoms. Ferrara et al.^[1] demonstrated the importance of monitoring cases by including medical monitoring over successive months in conjunction with psychotherapies. In three cases of MSBP, 12 months of follow-up and therapy were possible. No further information was obtained during the study of a girl victim of MSBP, but there were no new episodes of abuse in

all other cases and a positive family relationship was restored.

CONCLUSION

It was found that, in fact, the topic under study is relevant, but there was a shortage of current published works that address this topic in the database chosen by the study, so it needs to be more understood. The attention of health professionals on the knowledge of this pathology is important, since it is considered a serious form of violence against children. Most studies have highlighted that the notification of Munchausen Syndrome by Proxy (MSBP) is underestimated and one reason is the lack of information from health professionals about this syndrome, which is caused both by the lack of academic incentive about the diagnosis of a 'rare' condition without an adequate confirmatory medical 'test', as well as the lack of confidence of health professionals to notify. The involvement of physicians unfamiliar with MSBP can, in some cases, worsen management, as these caregivers are notorious for "dividing" the teams and generating uncertainty in the diagnosis. Because of this, it is important to inform the health team about MSBP in order to include it in the differential diagnosis, facilitating diagnosis, early treatment and limiting unnecessary medical procedures. ■

REFERENCES

1. Ferrara P, et al. Factitious disorders and Munchausen syndrome: The tip of the iceberg. *Journal of Child Health Care*. 2013 Dec;17(4):366-374.
2. Denny SJ, Grant CC, Pinnock R. Epidemiology of Munchausen syndrome by proxy in New Zealand. *Journal of Paediatrics and Child Health*. 2001 Jul 01;37(3):240-243.
3. McClure RJ, et al. Epidemiology of Munchausen syndrome by proxy, non-accidental poisoning, and non-accidental suffocation. *Archives of Disease in Childhood*. 1996 Jul;15(1):57-61.
4. Greiner MV, et al. A preliminary screening Instrument for early detection of medical child abuse. *Hospital Pediatrics*. 2013 Jan;3(1):39-44.
5. Sheridan MS. Parents' reporting of symptoms in their children: Physicians' perceptions. *Hawaii Medical Journal*. 1994 Aug;53(8):216-222.
6. Bursch B, Weinberg HD, Shilkoff S. Nurses' knowledge of and experience with Munchausen Syndrome by Proxy. *Issues in Comprehensive Pediatric Nursing*. 1996 Jun;19(2):93-102.
7. Davis P, et al. Procedures, placement, and risks of further abuse after Munchausen syndrome by proxy, non accidental poisoning, and non-accidental suffocation. *Archives of Disease in Childhood*. 1998 Mar;78(3):217-22.
8. Kolaitis IN, et al. Should Medical Errors be Disclosed to Pediatric Patients? *Pediatricians' Attitudes Toward Error Disclosure*. *Academic Pediatrics*. 2016 Jul 01;16(5):482-488.