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A Short Notes on Factitious disorder

Javier Abella*

Psychology Department, University of Ghana, Legon/Methodist University College Ghana

Commentary

A Factitious disorder is a condition in which a person, without a malingering motive, acts as if they've an illness by designedly producing, pretending, or exaggerating symptoms, purely to attain (for themselves or for another) a case's part. People with a factitious complaint may produce symptoms by polluting urine samples, taking hallucinogens, fitting fecal material to produce abscesses, and analogous geste [1,2].

Factitious complaint assessed on tone (also called Munchausen pattern) was for some time the marquee term for all similar diseases. Factitious complaint assessed on another (also called Munchausen pattern by deputy, Munchausen by deputy, or factitious complaint by deputy) is a condition in which a person designedly produces, feigns, or exaggerates the symptoms of someone in their care. In either case, the perpetrator's motive is to prosecute factitious diseases, either as a case or by deputy as a caregiver, in order to attain (for themselves or for another) a case's part. Malingering differs unnaturally from factitious diseases in that the complainer simulates illness intending to gain a material benefit or avoid an obligation or responsibility. Physical symptom diseases, though also judgments of rejection, are characterized by physical complaints that aren't produced designedly.

The causes are substantially unknown. One possible cause is trauma but the rest is still going through a testing process. It's also been suspected that it might be heritable, like depression. There are still numerous possible causes for this complaint which have not been defined yet. These individualities may be trying to reenact undetermined issues with their parents. A history of frequent ails may also contribute to the development of this complaint. In some cases, individualities with factitious complaint are oriented to actually being sick, and therefore return to their former state to regain what they formerly considered the" norm". Another cause is a history of close contact with someone (a friend or family member) who had a severe or habitual condition. The cases plant themselves subconsciously invidious of the attention said relation entered, and felt that they themselves faded into the background. Therefore medical attention makes them feel glamorous and special [3,4].

No true psychiatric specifics are specified for factitious complaint. Still, picky serotonin reuptake impediments (SSRIs) can help manage underpinning problems. Medicines similar as SSRIs that are used to treat mood diseases can be used to treat factitious complaint, as a mood complaint may be the underpinning cause of factitious complaint. Some author also report good responses to antipsychotic medicines similar as Pimozide. Family remedy can also help. In similar remedy, families are helped to more understand cases (the existent in the family with factitious complaint) and that person's need for attention.

In this remedial setting, the family is prompted not to blink or award the factitious complaint existent's geste. This form of treatment can be unprofitable if the family is uncooperative or displays signs of denial and/ or asocial complaint. Psychotherapy is another system used to treat the complaint. These sessions should concentrate on the psychiatrist's establishing and maintaining a relationship with the case. Such a relationship may help to contain symptoms of factitious complaint. Monitoring is also a form that may be indicated for the factitious complaint case's own good; factitious complaint (especially makeshift) can be mischievous to an existent's health - if they are, in fact, causing true physiological ails. Indeed faked ails and injuries can be dangerous and might be covered for fear that gratuitous surgery may latterly be performed [5].

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***Corresponding author:** Javier Abella, Psychology Department, University of Ghana, Legon/Methodist University College Ghana, E-mail: abellajavier@edu.ng

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