

## HIV malingering in the accident and emergency department

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### SUMMARY

This paper reports a number of cases of patients attending an accident and emergency (A&E) department claiming to be HIV positive when they have been tested negative and are known to be negative by other departments in the hospital. The reasons for these patients' claims are not always apparent. These patients may place an inappropriate workload on an already busy department. We caution doctors working in A&E departments to be vigilant when dealing with patients who claim to be HIV positive when there are no clinical or laboratory findings to substantiate the claim and we recommend liaison between relevant departments within a hospital and the patient's general practitioner (GP) when dealing with these patients.

**Key words:** accident and emergency, genitourinary medicine, HIV, liaison, malingering

### INTRODUCTION

Patients with Human Immuno-deficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS) can have a variety of clinical sequelae which may present to A&E departments.<sup>1,2</sup> These include pulmonary, dermatological, neurological, gastrointestinal and surgical problems. They may also present with problems totally unrelated to their HIV condition. We are unaware of any previous reports of patients feigning HIV disease attending an A&E department although HIV feigning has itself been reported in the past.<sup>3–6</sup> We report a group of patients attending our A&E department. These patients claimed to be HIV positive but were tested and found to be HIV negative. As a result of these misrepresentations, inappropriate demands have been placed on the A&E department. We suggest close liaison between A&E departments, genitourinary medicine clinics and other departments involved in the care of patients with HIV.

### METHODS

The department of genitourinary medicine knew of 21 patients who claimed to be HIV positive but who, when tested routinely for confirmation of HIV status, proved to be HIV negative.<sup>3</sup> We surveyed our A&E department records to see if any of these patients had attended the A&E department of the Royal Sussex County Hospital. Twelve of these patients had attended the A&E department, of whom five claimed to be HIV positive. Three of these five attended on more than one occasion. Increased awareness of such patients by the A&E department staff resulted in identification of one other such patient who also had multiple attendances. We outline below the details of these A&E attendances.

#### *Patient 1*

This 27-year-old male attended the A&E department on 13 occasions between October 1989 and May 1993 with minor complaints. The first two attendances were with epistaxis and the third was with headache. On his fourth attendance he presented with rectal bleeding, and stated that he was a sexually active homosexual. Two weeks later he attended with gastroenteritis and claimed to be HIV positive. His other presenting complaints were abdominal pain, fainting (presented twice), dental abscess, sore throat, a skin boil, a stubbed toe and gastroenteritis (presented three times). On three occasions he arrived at the department by ambulance. He has always been discharged to the care of his GP with advice or minor treatment. On his last attendance he did not wait to be seen by the doctor.

#### *Patient 2*

A 30-year-old woman attended the A&E department on four occasions between November 1991 and August 1992. Her first attendance followed an

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assault in the early hours of the morning. Her injuries were superficial and she was referred to the social worker the following day. She attended 1 month later following a second assault and she claimed that she was HIV positive and had AIDS. Again her injuries were superficial. She was referred to the social worker at her request as she was seeking financial assistance. She attended 1 week later with an infected area on her left leg and claimed to have an AIDS Related Complex. She said she was married to a bisexual. When last seen she presented with a laceration sustained in a fight and again claimed to be HIV positive. Her wound was sutured and she was referred to her GP.

#### *Patient 3*

A 34-year-old man attended the A&E department on 19 occasions between June 1991 and January 1993. His first presentation was shortly after he moved to the area from London. He complained of a sprained knee and claimed he was HIV positive. He subsequently attended with overdoses (five times), assaults (three times) and twice after alleged epileptic fits. He did not wait to be seen by the doctor on five occasions. He claimed to be homosexual on his fifth attendance and on his fourteenth attendance he said that he had full blown AIDS and gave this as the reason for his overdose. On one occasion he indecently exposed himself to a member of the nursing staff before leaving the department.

#### *Patient 4*

A 28-year-old man attended the A&E department on five occasions between 2 July 1992 and August 1993. His first two attendances were both with overdoses following turbulent homosexual relationships. He was admitted overnight on both occasions to the A&E observation ward. During his second admission he claimed to be HIV positive but one of the authors doubted the validity of his story and an HIV test carried out with the patients permission was negative. On confrontation he eventually admitted his story was factitious but offered no explanation. He attended within 6 weeks of his discharge having sustained deep lacerations to his forearm when he put his arm through a window. He again claimed to be HIV positive. He was aggressive and violent and took his own discharge only to return later that day when he was admitted for surgery on his arm. On his last attendance with a cut arm he did not wait to be seen by a doctor.

#### *Patient 5*

A 24-year-old man presented with a letter from a GP claiming to have been HIV positive for 7 years. He stated that he had acquired HIV from a blood transfusion some years previously. He was referred because of haemoptysis and a tender calf with a history of previous deep vein thrombosis and pulmonary embolism. He gave a plausible history of events and was admitted under the physicians for further investigations. Unfortunately he was not recognized by the team on take but subsequent inquiries revealed that he had previously attended other A&E departments in the area with similar complaints always using different names.

#### *Patient 6*

A 31-year-old man presented to the A&E Department in May 1991. He claimed he was HIV positive. Unlike any of the other five cases he admitted to abusing intravenous drugs. He had recently moved to Brighton from Nottingham to try to get off drugs and had left without his prescription for amphetamines. He felt unable to cope without amphetamines and was afraid of resorting to intravenous drug abuse. Following discussion with the psychiatrist on call he was given a prescription for amphetamines for 3 days and discharged.

## DISCUSSION

The group consists of three homosexual males, a woman who alleged that her husband was bisexual, one man who claimed to have acquired HIV infection from a blood transfusion and one intravenous drug abuser. Thus there was a representation from the commonest three groups known to be at risk of acquiring HIV infection.

Two patients attended on more than one occasion with overdoses without being overtly suicidal. Patient 1 attended by ambulance on three occasions although his complaints could always have been dealt with by his GP. A number of entries were made in his notes about him being very upset about his HIV status and he is reported to have been crying because of his anxiety about this. There was some evidence of preoccupation with sexual matters. Patient 1 wondered if the fact that he had recently learned how to douche might have caused him to faint at work. Patient 4 was inappropriately explicit about his sexual habits which led to one of the authors doubting his story and his claimed

HIV status. Patient 3 inappropriately exposed his genitalia to one of the nursing staff before leaving the department.

Psychiatrists have long seen patients presenting with false beliefs of physical illness as a symptom of psychiatric illness, usually depression. The false positive statement can be indicative of other problems in the patient's life which may be amenable to some form of counselling. The underlying psychiatric illness requires treatment but the GP may be the best person to treat them as they are the most likely person to have access to the patient's past medical, psychiatric and social history.

We have no direct evidence of why these patients claimed falsely to be HIV positive. Patient 5 presents as classic Munchausen's syndrome and had also convinced his GP of his HIV positive status.<sup>7</sup> Patients 2 and 6, however, may have made their claims for personal gain. Patient 2 requested to see a social worker for financial assistance because of her hardship. The Genitourinary Medical Clinic also received letters from Brighton Council and a solicitor representing her seeking confirmation of her HIV status as part of an application for improved housing. People with symptomatic HIV infection are given priority for rehousing in Brighton. It is likely that some individuals may claim to be HIV positive in an attempt to improve their social circumstances. This has not been reported before even in the only available literature review on factitious HIV infections.<sup>8</sup>

This does not explain the behaviour of all the patients. Indecent exposure, frequent attendances and minor overdoses suggest attention seeking behaviour and personality disorders, i.e. a form of Munchausen's Syndrome. A high level of personality disorder may be indicative of how people with personality disorders often have difficulties coping with stress. Unfortunately, personality disorders are notoriously difficult to treat. No obvious identifiable gain was evident for patient 4, the most frequent attendee in the region. It is possible that in a small proportion of the homosexual community 'belonging' also involves being HIV positive. Conflict about sexual orientation may sometimes be seen and guilt about past behaviour may lead a patient to believe that he or she is positive.

## CONCLUSION

We recommend that A&E doctors be careful when dealing with patients who claim to be HIV positive, particularly when there is evidence of abnormal behaviour and where there is no clinical or laboratory evidence of HIV infection. It is worth making the point that these malingerers may have other underlying problems which may come to light following a good social and psychological history which when dealt with appropriately may prevent repetitive inappropriate visits to A&E and other departments. We caution doctors to be aware that some patients may claim falsely to be HIV positive and undergo inappropriate investigation and treatment. We recommend a close liaison between A&E departments and local genitourinary medicine clinics to help identify such patients. GPs also have a useful role to play in the care of these patients and may if necessary refer them to a psychiatrist.

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