UNDERSTANDING YOUR DIAGNOSIS

Needing Care Through Illness

Also called Factitious Disorder

This is one of the loneliest diagnoses there is. It points at real pain and a real need for care, and there is a way through it.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 100 in hospital	Often in early adulthood	Yes - with steady support	Far more common than known

What this is

- This diagnosis is about how care has been sought, not about who you are. It says illness was produced or described rather than found.
- It is not the same as making things up for money, for medicine, or for time off work. That is a different thing, and not a health condition.
- The need underneath it is real. Wanting to be looked after, believed, and safe makes sense, even when the road there causes harm.
- Nobody is trying to catch you out. Naming this is how you get treatment and support instead of more scans and more surgery.

What it can look and feel like

- You feel safest and calmest in a hospital bed, and the closer discharge gets, the worse everything seems to become.
- Being believed matters enormously, and the fear of being doubted or sent home can feel bigger than the illness itself.
- You have moved between many hospitals and doctors, because starting fresh somewhere new is easier than being known.
- You know a lot about medicine, and you can describe things in the exact words that get taken seriously straight away.
- You have agreed to tests, procedures, or operations that hurt, because being sent away felt worse than being cut.
- Afterwards there is shame, and the shame makes it harder to say anything, so the whole thing goes around again.
- Away from hospitals, life can feel empty or unsteady, and being a patient is the one role you know how to do well.

What is happening in your brain and body

- There is no blood test or scan for this. It is recognized from a pattern of care over years, never from one result.
- The harm to your body is real. Infections, low blood sugar, low blood counts, and surgery risks do not care how they started.
- Care and attention act on the brain's reward system the way relief does, and relief that strong is genuinely hard to walk away from.
- Illness, long hospital stays, or neglect in childhood can teach a body that being sick is when safety finally shows up.
- Painful mood swings and a shaky sense of who you are often sit underneath, and both of those respond well to treatment.

What can make it more likely

- Serious illness or long hospital stays in childhood come up often in people who develop this, and they leave a deep mark.
- Neglect, abuse, or losing a parent early can make care from strangers the most reliable comfort a person ever found.
- Working or training in healthcare shows up often too, partly because that world already feels like familiar ground.
- Big mood swings, self-harm, and long-running low mood usually come first and feed into the pattern over time.

What to expect

- There is a way through, and it starts smaller than you imagine: one clinician you trust, one honest thing said out loud.
- No good clinician will demand a full confession. Partial honesty is a real beginning, and it is enough to build on.
- The goal is fewer needles and fewer operations, and more places in your life where you matter without having to be ill.
- If a child in your care has been involved, their safety comes first by law, and you can still get help for yourself.

What helps

Treatment works. Most people get better.

Talking therapies

- Long-term **talk therapy** with one steady therapist is the best-described approach. Time and trust do most of the work.
- A good therapist treats this as a message about pain rather than a crime, and works on the pain instead of hunting for proof.
- **Dialectical behavior therapy** teaches ways to survive overwhelming feelings and self-harm urges without needing a hospital.
- Therapy also builds other routes to being cared for: friendships, groups, work, and routines that do not require being sick.
- Progress is allowed to be partial. Staying in treatment matters far more than saying everything all at once.

Medicines

- No medicine treats this pattern itself. Medicines help with the low mood, anxiety, and mood swings that sit underneath it.
- **Antidepressants** such as SSRIs are commonly used for low mood and anxiety, and they take a few weeks to start helping.
- Your team may steer away from medicines that can cause harm at home, such as opioids, sedatives, and injected medicines.
- Ask for one prescriber and one pharmacy. Medicine lists collected from many hospitals cause real harm as they pile up.
- All dosing is worked out with your prescriber, who will aim to keep the list short and safe rather than long.

Everyday things that help

- Pick one doctor as your medical home, and take new symptoms to that one person instead of to a new emergency room.
- Let your records be shared between your doctors. It feels exposing, and it is the single thing that prevents repeat surgery.
- Put regular appointments on the calendar, so care arrives on a schedule and does not have to be earned with a crisis.
- Build one part of life on purpose that has nothing to do with being ill: a class, a job, a group, a standing coffee.
- Write down what you want from an appointment before you go, and bring the paper. Honesty is easier with notes in hand.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Signs of infection, bleeding, or very low blood sugar are emergencies. Get seen, and say what you took.
- If you feel the pull to hurt yourself in order to get care, call your clinician or **988** before you act.

Questions to ask your care team

- *Can you be my one main doctor, so that everything goes through you?*
- *Can we agree ahead of time which symptoms lead to a test and which do not?*
- *Can you help me find a therapist who has worked with this before?*
- *What can I tell you honestly without losing my care here?*

Where this information comes from

988 Suicide and Crisis Lifeline. (n.d.). *Talk to someone now*. https://988lifeline.org/talk-to-someone-now/

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.