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MUNCHAUSEN SYNDROME BY PROXY: AN INTEGRATIVE REVIEW

SÍNDROME DE MÜNCHAUSEN POR PROCURAÇÃO: REVISÃO INTEGRATIVA

SÍNDROME DE MUNCHAUSEN POR PROXY: UNA REVISIÓN INTEGRADORA

Simone Algeri[1], Francine Morais da Silva[2], Éder Propp Anflôr[3], Charlise Pasuch de Oliveira[4], Adriana Cordova Costa[5]

ABSTRACT

Objective: providing grants for nursing professionals in recognition of Munchausen Syndrome by Proxy (SMP) for immediate intervention. ***Method:*** an integrative review guided by the question << ***What are the needed subsidies for nursing professionals in the identification and appropriate intervention to SMP?*** >> conducted in LILACS and PubMed databases, virtual library SCIELO in the period 2001-2011, in Portuguese, English and Spanish, then analyzed 11 publications. ***Results:*** SMP victims are children in preschool age brought to health services by mothers. There simulating pathological picture. Consequent interventions aim stopping the serious damage to the health of children. The SMP is a type of child abuse. Important to publishing more about SMP and interventions adopted. ***Conclusion:*** identify features of the characters involved in the SMP, mechanisms used in the simulation and the most suitable interventions for the improvement of care to child. ***Descriptors:*** Münchausen syndrome Caused by Third Parties; Child; Violence; Nursing.

RESUMO

Objetivo: proporcionar subsídios para profissionais de Enfermagem no reconhecimento da Síndrome de Münchausen por Procuração (SMP) para intervenção imediata. ***Método:*** revisão integrativa norteada pela questão **<< *Quais subsídios necessários para profissionais de Enfermagem na identificação e adequada intervenção à SMP?* >>** realizado nas bases de dados LILACS e PUBMED, biblioteca virtual SCIELO, no período de 2001-2011, nos idiomas português, inglês e espanhol, em seguida analisadas 11 publicações. ***Resultados:*** vítimas da SMP são crianças em idade pré-escolar trazidas ao serviço de saúde pelas mães. Há simulação de quadro patológico. As consequentes intervenções objetivam cessar os graves danos à saúde da criança. A SMP é um tipo de violência infantil. Importante que se publique mais sobre SMP e intervenções adotadas. ***Conclusão:*** identificar características dos personagens envolvidos na SMP, mecanismos utilizados na simulação e as intervenções mais indicadas para o aprimoramento do cuidado no atendimento à criança. ***Descritores:*** Síndrome de Münchausen Causada por Terceiros; Criança; Violência; Enfermagem.

RESUMEN

Objetivo: proporcionar subsidios para los profesionales de enfermería en el reconocimiento del Síndrome de Munchausen por Proxy (SMP) para la intervención inmediata. ***Método:*** es una revisión integradora orientada por la pregunta << ***¿Cuáles son los subsidios necesarios para los profesionales de enfermería en la identificación y adecuada intervención al SMP?*** >> realizado en las bases de datos LILACS y PubMed, la biblioteca virtual SCIELO en el período 2001-2011, en Portugués, Inglés y Español, y luego analizadas 11 publicaciones. ***Resultados:*** las víctimas de SMP son niños en edad preescolar traídos a los servicios de salud por las madres. Hay simulando cuadro patológico. Intervenciones consiguientes tienen como objetivo detener el daño grave a la salud de los niños. El SMP es un tipo de maltrato infantil. Importante publicar más sobre SMP y las intervenciones adoptadas. ***Conclusión:*** identificar las características de los personajes involucrados en el SMP, los mecanismos utilizados en la simulación y las intervenciones más adecuadas para la mejora de la atención en el cuidado de niños. ***Descriptores:*** Síndrome de Munchausen Causado por Terceras; niño; Violencia; Enfermería.

[1]Nurse, Doctorate in Education, Associate Professor, Department Maternal and Child, Coordinator of the Care and Prevention Program for Child Victims of Violence, 6th edition, School of Nursing, Federal University of Rio Grande do Sul/UFRGS. Porto Alegre (RS), Brazil. Email: salgeri@terra.com.br; [2]Nursing Student, Technical Consultant of the Care and Prevention Program for Child Victims of Violence, 6th edition, School of Nursing, Federal University of Rio Grande do Sul / UFRGS. Porto Alegre (RS), Brazil. Email: morais.francine@hotmail.com; [3]Nursing Student, Technical Consultant of the Care and Prevention Program for Child Victims of Violence, 6th edition, School of Nursing, Federal University of Rio Grande do Sul/ UFRGS. Porto Alegre (RS), Brazil. Email: eder.anflor@hotmail.com; [4]Nurse, Specialist in Mental Health and Psychiatry, Hospital de Clinicas of Porto Alegre/HCPA. Porto Alegre (RS), Brazil. Email: charlise.pasuch@gmail.com; [5]Nurse, School of Nursing, Federal University of Rio Grande do Sul/UFRGS. Porto Alegre (RS), Brazil. Email: adriccosta@gmail.com

INTRODUCTION

Munchausen Syndrome is defined by the International Statistical Classification of Diseases and Health Related Problems (ICD-10) as a factitious disorder, ie, it is characterized by the repetition of coherent simulation of symptoms, in order to assuming the sick role by manipulated signs and symptoms.[1] According to the Ministry of Health[2] Munchausen Syndrome by Proxy (SMP) is determined by a similar framework for the creation of the disease, but it is one of the guardians or caregivers (very often the mother) that creates the signals and symptoms in children.

The victim of SMP presents false pathological conditions that are reinforced by the caregiver with fantastic stories about moments of worsening in the absence of the health team. To give veracity to the symptoms described, the child may be the victim of episodes of suffocation, poisoning or injury, for example, skin.[3]

Seeking the solution of these intriguing situations, the child is exposed to a series of tests and invasive procedures, characterizing this disorder as a form of child violence[2]. It is common falsifying examinations by these parents to induce health professionals starting to increasingly complex and aggressive investigations, reaching the child undergoing to dangerous pharmacological treatments.[4]

For we know the stress generated in nursing staff and other health professionals facing suspicion of simulation that we consider relevant the adequate preparation of the healthcare team, to be updated about the best ways to approach in the various ports of entry of children to health services. When we consider the constant presence of nursing professionals with the child and the longer and also stay with their families, it has reinforced the need for the production of theoretical contributions in the area.

This study aims to providing grants for nursing professionals in recognition of Munchausen Syndrome by Proxy for immediate intervention.

METHOD

This is a descriptive study of integrative review type, based on collecting data from the literature and comparing them to deepen the knowledge of the investigated subject,[5] arranged into five stages: formulation of a research question, data collection, evaluation of data collected, analysis and interpretation of data and presentation of results.

In the first stage we formulated the guiding question << What are the necessary subsidies for Nursing professionals in the identification and appropriate intervention to Münchausen Syndrome by Proxy? >>

The second stage is the preparation of sampling criteria, in order to answer the research question and search effectively in the database and virtual library. Inclusion criteria were published in Portuguese, English and Spanish in the period 2001 to 2011, with summaries available in computerized databases selected text available in full and to be freely accessible. The exclusion criteria were: studies whose topics were not in accordance with the objectives intended in this study and outside the period between 2001 and 2011 and duplicate studies in the databases. For selection of studies it was carried out the survey in the following databases: PubMed and Latin American Literature of Health Sciences (LILACS) and the Electronic Library of Brazilian Scientific Journals - Scientific Electronic Library Online (SCIELO) Brazil.

The following descriptors were defined for bibliographic search: Munchausen's Syndrome Caused by a Third Party, Child, Violence and Nursing.

The results of this stage are displayed in Figure 1:

LILACS	12	3	0	15
PUBMED	75	43	12	130
SCIELO	2	0	0	2
TOTAL	89	46	12	147

Figure 1. Publications available at the period from 2001 to 2011, according to the descriptors, databases and virtual library.

The search in the databases showed 15 publications in LILACS Database and 130 in PUBMED, two in SCIELO virtual library, setting a total of 147 articles.

It is important to clarifying that three works were duplicated in LILACS and in PUBMED, 31 were duplicates and triplicates

12. There was also a repeat of an article found on SCIELO and LILACS.

Thus, 88 papers served as the object for analysis at first, passing the reading of their titles and abstracts. Finished reading the titles and abstracts, 17 articles were selected to be read in full.

In the third stage, for categorization of the work, was drawn up an instrument of analysis that includes the following information: data for identification of the article (title, authors, authors' title, journal name, year of publication, volume and number), type of study, location of study, purpose of study, characterization of SMP according to the study, considerations about the most appropriate intervention against SMP as the study and the role of the nurse faced SMP, according to the study.

In the fourth stage were performed analysis and interpretation of data: at the end of the critical reading of the full articles, 11 papers remained as a source of research data. In the evaluation of the studies included in the review, a thorough analysis of the selected articles, highlighting main points of the text, relating to the guiding question of the research, the origin and methodology of the selected articles was performed.

The fifth stage was held presentation of the results achieved and the main ideas later described, in order to allow the reader to critically evaluate the results obtained and its applicability.

RESULTS

The following are the results of this research, through the presentation of Figure 2, where are arranged the titles of 11 articles that comprise the study sample:

Number of the article	**Title**	**Authors**
01	Factitious disorders by proxy. Discussion of a case.	Caldas *et al*. (2001).
02	Munchausen Syndrome by Proxy: an unusual presentation.	Maida S; Molina P; Erazo T (2001).
03	Fits, faints, or fatal fantasy? Fabricated seizures and child abuse	Barber, Davis (2002).
04	The future of child protection	Hall (2006).
05	Munchausen Syndrome by Proxy	Domínguez (2011).
06	Munchausen Syndrome by Proxy and manifestations of so-called event of apparent threat to life.	Garrote *et al*. (2008).
07	Child Abuse and Neglect: Diagnosis and Management	Jacobi *et al*. (2010).
08	Munchausen Syndrome by Proxy	Ojeda; González; Terreros (2006).
09	Munchausen Syndrome "by Proxy": diagnostic and therapeutic challenge	Pino, Quintana, Merino (2001).
10	Severe hypernatremia in a hospitalized child: Munchausen by proxy	Su; Shoykhet; Bell (2010).
11	Child protection procedures in emergency departments	Sidebotham, Biu, Goldsworthy (2007).

Figure 2. Titles and authors of the articles selected as study sample.

DISCUSSION

In the evaluation of the studies included in the review it was performed an analysis of the selected articles highlighting the main points of the text, relating to the guiding question of the research, the origin and methodology of the selected articles.

With respect to the language of publication of articles, one article was published in Portuguese (9%), five (45%) articles in Spanish and five (45%) in English. We note that, despite the two bases and virtual library making available works in English, just LILACS and SciELO submit work in three languages, there was a prevalence (54%) of articles in Portuguese and Spanish, versus 45% of works in English.

With respect to the methodology used in the studies there were five studies (45%) which are case reports. In one study, the author emphasizes the need for disclosure of cases of SMP through scientific papers, as a warning and as a consultation tool for other professionals (Caldas *et al.*, 2001). Of the remaining articles, five (45%) are exploratory literature searches, targeting SMP and to describe its context. Article remainder (09%) it is an applied research, exploratory and descriptive working various types of child abuse, including SMP, by means of questionnaires sent to the Emergency Department services in the UK.

Later it was performed a synthesis of knowledge of the final sample of articles to be analyzed to understand the characteristics of SMP, of the characters involved in SMP, the mechanisms used in the simulation and the most suitable interventions for the improvement of care in child care.

SMP is described by eight authors as a fabricated or induced illness in a child by its responsible, often the mother[6-13]. Two of the publications attribute the reason for this practice to the fact that parents have difficulty differentiating between their needs and the child, using the child to achieve contact with health services.[14,8] One article reinforces this hypothesis saying that the very mother tends to be a frequent user of health services.[14]

The difficult detection and the little knowledge about the SMP are added in one of the articles as the source of many difficulties the health team, obscuring the true diagnosis[7]. Other three works complement saying the delay in finding the simulation can make the child object of unnecessary procedures and treatments whose consequences are important for their physical and psychological integrity damage and eventually arrive to death.[14,10,13]

Identifying a case of child abuse is not usually an easy task, especially when it comes to a victim of SMP whose signs of abuse are rarely evident.[3]

You cannot say that there is a certain set of characteristics that describe the victim of SMP, however, the professional who receives a child into his service should be aware of, for example, children with a long history of visits to the doctor or of many admissions in its short life, relevant factors by six sample articles.[7,14,8,10,11,13]

Two authors highlight that victims of SMP tend to be generally under four small children who are not able to betray the mother who harms.[10,13] It is also known that these children, if not diagnosed in time, will died due to mistreatment, which decreases the number of diagnoses in older children.[7]

Two publications warn suspect laboratory tests with results within the normal range, incompatible with serious frame of the patient, as well as these results may clarify a don't medications suspected poisoning.[7,14]

For three authors, intriguing findings include patients who do not respond to standard treatments for the disease diagnosed and also those children who do not tolerate the established regimen.[7,8,10,11] The health team responsible for a child who resembles the features described may notice, according to one of the articles analyzed, there is a great dependency relationship with the patient and its mother, older children than the average, they make their ideas brought by the mother, confirming signs and symptoms described by the abuser, as if it really had it.[7]

In two of the studies, the authors encourage the search, when possible, for information about siblings of the patient, for stories similar frameworks or poorly clarified deaths of children in the same family may prompt for a profile simulation diseases.[10-11]

Two factors may be considered in determining a suspected SMP. The first, described in three of the selected publications, highlights those children who manifest the disease only in the presence of the mother, or that worsen after stable when the mother approaches.[6,11] The second, also present in three articles, speaks of to avert the suspicion of contact with the patient and observe a rapid improvement without new episodes of illness maneuver.[3,10,11]

Besides knowing the characters involving SMP, it is important that the nursing staff know some of the mechanisms used for manufacturing. Seven authors cited poisoning as a mechanism of production of disease, corresponding to the most citations (37%), among a few examples is the case that involved the administration of high doses of salt to a baby by its mother[8-12, 15,13]. The suffocation or asphyxia was present in five (26%) citations of sample articles[8,10-13]. The change of samples was cited by four articles (21%)[14,9,10,13] and the exaggeration of a real frame by three (16%).[8,10,12] Meet some of the mechanisms used by abusers to alert staff again health hazard to surrounding SMP.

There are in the literature about SMP some complaints that are considered as the most frequent diseases in the simulation. Nine publications included in our sample cited one or more of these pathologies.

Fever was reported in four (23,5%) authors as one of made pathological picture in SMP; [6,7,14,10] also capable of manufacturing, seizure was reported by three authors (17,6%).[8,9,11] Pains in geral[7,14] and rashes [10,13] are reported in two different studies (11,75%). The remaining complaints were cited by only one of the authors (5,9%), which are: bleeding[6], sepsis[15], multisystem disease[14], diarrhea[14], vomiting[14] and allergies.[10]

Recognizing some of the diseases produced in SMP demonstrates a warning sign from the health team, it shows the importance of a diagnosis made based on good evidence, since, otherwise, the child may be subjected to hazardous procedures and treatments

unnecessarily. To assist health professionals in this clarification, one of the sample articles underlined that the patient may have different complaints each search to the health service.[14]

The information below is meant to highlight brought in some selected measures that the health professional can take in the search for quality care and to feel prepared when encountering a victim of SMP, either in basic health, work on a private practice or in a hospital.

First, an article states that the treatment of the complaint brought as injury care, administration of analgesics or restoring electrolytes should not be delayed compared to suspicion of possible simulation or mishandling[16]. In two other studies, the authors ask professional value and give importance to the story brought by the parents, but watch out for information that might reveal a simulation, especially in cases where findings depend on the history.[8,9] To ensuring the quality of care and future actions to be taken , one of the guiding work complements the professional to perform a history as complete as possible.[8]

According to other two selected publications, the psychosocial assessment of the family and the child is paramount (including information on parental personality, temperament of the patient, socioeconomic level of the family and details about the quality of family interpersonal relationships)[10,12]. In one of these articles is recommended to evaluate the empathy of parents facing the picture presented by the child as extreme postures of exaggeration or little affair with the son may be a case for the alert simulation.[12]

More specifically, in cases of investigation of convulsions, one of the articles guides check drug levels in the body of the child to each entry in service for seizure, as may have occurred poisoning or drug overdose child[8].

In some services, the health team has lists of risk factors in pediatric care, one of the works warns that professionals must know it and use it as a support tool in the identification, but not as a screening mechanism for maltreatment, because each case must be observed and only way cautelous.[16] In another study, the authors remind one more important tool in care: the Child Protection Committees (CPC), which are responsible for the discussion of cases of abuse[12], for example. In the article, the authors warn that the health team must know the CPC of your service and learn how it can help in their work.

Differentiating the patient victim of simulation that presents a true picture of disease is not an easy nor quick task in most cases, thus ensuring that professionals are increasingly aware of warning signs for the SMP is to invest in prevention ill-treatment by the team itself to the child.[7]

If, when assisting a child, the health team concludes that there is strong evidence of SMP, important steps must be taken to ensure that the suspicions are confirmed correctly and that the victim is adequately protected from new abuse.[17] In this sense Figure 3 shows the most appropriate interventions mentioned by our sample.

Intervention	Authors
A multidisciplinary team approach	Maida S; Molina P; Erazo T (2001); garrote *et al*. (2008).
Contact the Social Service	Hall (2006); Ojeda; González; Terreros (2006); Sidebotham; Biu; Goldsworthy (2007).
Give importance to the records	Barber; Davis (2002); Jacobi *et al*. (2010); Domínguez (2011).
Assess the patient's medical history	Pino, Quintana, Merino (2001); Hall (2006).
Look for signs of suffocation	Barber; Davis (2002).
Toxicological research	Barber; Davis (2002); Su; Shoykhet; Bell (2010).
Hospitalization	Caldas *et al*. (2001); Maida S; Molina P; Erazo T (2001); Barber; Davis (2002); Sidebotham; Biu; Goldsworthy (2007).
Notify Child Protection Committee of the institution	Hall (2006); Sidebotham; Biu; Goldsworthy (2007); Garrote *et al*. (2008); Jacobi *et al*. (2010).
Contact the father and other relatives	Barber; Davis (2002); Garrote *et al*. (2008); Jacobi *et al*. (2010).
Contact basic service responsible for family	Barber; Davis (2002); Ojeda; González; Terreros (2006); Sidebotham; Biu; Goldsworthy (2007); Jacobi *et al*. (2010).
Contact the school (if the child attends to one)	Ojeda; González; Terreros (2006).
Evaluate hospital sibling history, alive or not, the patient	Hall (2006).
Manage the behavior of the aggressor	Caldas *et al*. (2001); Barber; Davis (2002); Hall (2006).
Seek legal means of protection when necessary	Maida S; Molina P; Erazo T (2001); Hall (2006); Ojeda; González; Terreros (2006); Su; Shoykhet; Bell (2010).
Separate the child's mother and observe the evolution of the frame	Caldas *et al*. (2001); Garrote *et al*. (2008).
Increase surveillance of interactions with the child in the hospital	Garrote *et al*. (2008); Su; Shoykhet; Bell (2010).
Video surveillance	Garrote *et al*. (2008); Domínguez (2011).

Figure 3. Presentation of the most appropriate interventions facing SMP, according to the sample.

In two of the worked publications the approach is most appropriate described as multidisciplinary, having AIDS considered essential for good outcome of some of the case reports presented.[7,11] The author advises that these professionals must gain the trust of parents and children and should maintain a good relationship with the health service core network responsible for the family. Complementing this idea, three other works that guide social work is a very important agent in the investigation of a case of SMP.[9,10,16]

It is considered essential, for three of the articles analyzed, the team giving importance to all records of assistance performed to the child.[8,12,13] Nursing professionals and doctors should: clearly describe their findings, recording information that observed and that were said by the mother; add to the patient's test results records, even when they cause estrangement on the team; detailing intriguing behaviors of the patient or their family, which can confirm the suspicion of simulation; always mention important information such as the date and the time in which the events occurred. Reinforcing how valuable the records of patient care are, two other studies guide the search of information on health care and previous admissions of the patient where can be described standards of condition presented.[14,9]

Patients treated for apnea may be being smothered by their mothers. In one of the articles the search for signs to confirm this suspicion (as marks on the face or neck) is encouraged 8 Two other works oriented toxicological investigation on suspicion of simulation because some cases occur through.[8,15] A child poisoning of the work describes the use of ipecac syrup to induce crisis of vomiting.[10] The case of a child whose parent insulin doses administered will initially specified for the own abuser, which shows the importance of attention to analyzing the results of laboratory tests of the patient.[18]

In cases of severe child or where the investigations confirm SMP increasing the risk of child maltreatment damage, four publications suggest that admission of the patient to be considered as allowed adequate care to the damage suffered, the supervision of maternal attitudes and child protection whenever possible.[6,7,8,16] Concurrent measures of investigation of abuse, four other works consider indispensable reporting the case to the Child protection Committee of the institution, aiming to team orientation direct care the patient on the best conduits opposite case.[9,16,11,12]

The contact with the patient's father and other family members of their interaction is seen by three authors as a very rich tool because the interview may contradict data

brought by the mother and allow a better understanding of maternal behavior and the environment in which the child lives.[8,11,12] Another important source of information, according to four of the papers analyzed, the team is the basic network that caters to families with suspected SMP.[8,10,16,12] the authors suggest that these professionals can learn about the history family and can no longer deny or confirm facts raised by his mother and warn about possible prior suspicions of abuse. If the child already attend school, work reminds one of you can ascertain by constant shortages of health problems, as well as her behavior in school life.[10] Still in search for the clarification of the patient's family history, an article shows the importance to know the history of his brothers hospital, where poorly explained or sudden deaths can be found as well as other cases of illness without conclusive diagnosis.[9]

All this movement generated by the health care team may stop the anxious and worried mother with the possibility of being discovered, three articles warn that, at this point, practitioners should be prepared to properly manage the change of posture of the abuser, which can migrate from attentive and gentle to aggressive and little collaborative with team.[6,8,9] Facing an imminent outcome, four papers warn that in some cases it may be necessary for the team seeks protection of the victim and his own through legal means.[7,9,10,15]

Two of the articles work consider the removal of the mother as a determinant of SMP, as may be seen in children symptoms subside.[6,11] Other two authors complement guiding the implementation of surveillance of interactions with the child, to ensure that, after stabilization framework does not occur further episodes of maltreatment.[11, 15] Finally, one of the articles says that in developed countries, it is common to use hidden video cameras that let you see the exact times when the mother handles the child, forging the pathological condition.[11] Elsewhere the sample, the feature is also cited as an option to clarify violence.[13]

The role of nursing, according to the results described in the bibliography nursing staff, is often mentioned in articles worked. This finding makes us see that even being so present in child care and your family, these professionals need to better describe their actions with the SMP.

It should be noted, however, that in one of the articles, nursing is responsible for detecting changes in the framework of hospitalized children and intriguing behaviors of the mother[7]. Similarly, in one case report, the authors bring to the nursing staff was important in the observation of suspicious attitude of the mother towards the child and as a protective measure, the patient's nasogastric tube had its difficult access, being manipulated only by a nurse.[15]

Nursing care can occur through the hospitalization of the child or a nursing consultation, recognized by the Professional Practice Law and can be found in the core network, outpatient hospital services[19] activity. Thus, the intervention of the nurse and the nursing staff is clearly one of the gateways to the victim of SMP. The efficiency and effectiveness of care depends only on the proper qualifications and degree of involvement of these professionals know this disorder, knowing identify you and, through a multidisciplinary team, seek appropriate interventions for each case.

CONCLUSION

SMP is a pathology not explored by the literature. Its mechanism is regarded as a severe type of child abuse, since it consists in a child who presents false pathological conditions, simulated by one of its officers, in most cases the mother. Because of the confusing symptoms presented to the health care team, many tests and treatments are applied to the victim, in order to clarify and treat the disorder generally considered rare.

During the academic training and even in the labor market, healthcare professionals learn to believe that the family brings information about the child, giving value to these complaints and leaving them for choosing the most appropriate intervention for each case. To identify when indicated distrust of this report requires that the professional knows the characteristics of SMP, who simulates the frame and the child that suffers. As a part of this identification, some information obtained from the first contact with the patient are very important, as drug tests and a detailed history. Paying attention to the behavior of who takes the child to the health service is also essential. The sample indicated that when this approach leads to a strong suspicion of forgery of the disease should seek professional support mechanisms available in your service, as the Committee for Protection of Children, social service and multidisciplinary teamwork.

The search for the clarification of such violence do health professional researchers, seeking information on health records of the patient and his brothers, on reports of the team that takes care of the family in the grid and in interviews with the father and the

other people living in child. When the SMP is found, it is the team to fulfill their legal and ethical responsibilities to the child and its family, communicating the Guardianship Board and the Public Ministry; even in the suspicion of SMP, as in the investigation and subsequent treatment ensuring the best possible outcome of this issue.

There were identified in this study some of the tricks used by abusers to simulate the pathological picture, reinforcing the seriousness that implies the SMP, since there are mothers who use substances (salt, syrup, medications) or suffocation of the child to achieve their goals, exposing their children to serious health risks. Know the tools used in maltreatment assists the practitioner in searching for evidence of violence to children, as they are intimately linked to the type of disorders that can cause.

Nursing was cited by the sample at different times of the approach and intervention against SMP, which suggested that the disorder part of studies during the training of nurses and emphasized the importance of nursing records. However, it may be noted that the role of these professionals is not well described and misses publications on nursing itself regarding this action.

This study showed that the child victim of SMP can enter the health network for several ports (emergencies, basic network, and private consultations), the dissemination of this disease is critical so that more cases are identified early and that professionals involved have the appropriate knowledge about the best interventions. As a feedback system, the team learns about the SMP should feel responsible for describing the cases treated and disseminate the way of the professionals involved, prompting increasingly complex and serious about this kind of child abuse.

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Corresponding Address

Francine Morais da Silva
Universidade Federal do Rio Grande do Sul
Rua cipó, 705 - Portaria
Bairro Passo d´Areia
CEP 91360-370 – Porto Alegre (RS), Brazil