Many of these patients have had consultations with surgeons and dermatologists and often seek interventions but are unlikely to be satisfied with the results.

BDD is considered to be related to OCD. The prevalence of BDD has been reported to be 0.7% in children, 2% in adolescents, and up to 5% in patients seeking cosmetic surgery. Many individuals with BDD report a history of childhood maltreatment; comorbid psychiatric disorders, including depression, OCD, social phobia, and anorexia nervosa; gender identity disorder; delusional disorder; and narcissistic personality disorder. BDD is also associated with high rates of suicidal ideation and attempts, with 28% of sufferers having attempted suicide.

Fatigue is a common physical complaint, affecting up to 50% of adolescents. CFS specifically refers to a condition characterized by at least 6 months of severe, disabling fatigue associated with self-reported limitations in concentration and short-term memory, sleep disturbance, and musculoskeletal aches and pains, where alternative medical and psychiatric explanations have been excluded. CFS is often associated with depression and can be incapacitating. CFS is rare in childhood and uncommon in adolescence, with prevalence below 1%. Onset typically follows an acute post-viral illness in approximately two thirds of pediatric cases. Treatment is nonspecific, unless a psychological or general medical cause is uncovered.

Screening tools for somatoform disorders include the Children's Somatization Inventory (child and parent versions) and the Illness Attitude Scales and Soma Assessment Interview (parental interview questionnaires). The Functional Disability Inventory assesses the severity of symptoms.

Treatment for somatoform disorders should use an integrated medical and psychiatric approach. The goals are to identify concurrent psychiatric disorders, rule out concurrent physical disorders, improve overall functioning, and minimize unnecessary invasive tests and doctor shopping. This works when mental health consultation is presented as part of a comprehensive evaluation, thereby minimizing stigma and distrust.

Antidepressant medications (fluoxetine, sertraline, citalopram, and clomipramine) may be of benefit in the treatment of unexplained headaches, fibromyalgia, BDD, somatoform pain, irritable bowel syndrome, and functional gastrointestinal disorders. Tricyclic antidepressants (clomipramine and others) should be avoided in youth with **functional abdominal pain (FAP)** because they have no proven efficacy in either pain management or mood disorders and are very dangerous in overdose. In **chronic fatigue syndrome** with comorbid depression and anxiety, a more activating antidepressant, like bupropion, can be useful. Stimulants may also be helpful in CFS.

Cognitive-behavioral methods, which reward health-promoting behaviors and discourage disability and illness behaviors, help in the treatment of recurrent pain, CFS, fibromyalgia, and FAP. Interpersonal and expressive psychotherapies in the presence of psychological trauma are particularly useful. Self-management strategies, such as self-monitoring, relaxation, hypnosis, and biofeedback, provide some symptomatic relief and encourage more active coping strategies. Family therapy and family-based interventions can be very useful. Home schooling should be avoided, and school attendance and performance should be emphasized as important indicators of appropriate functioning. In dealing with pain symptoms (e.g., headaches, stomachaches) parents should remove or limit attention for pain behavior; strongly encourage sticking to schedule (e.g., going to school); help the child identify stress at home and school; provide attention and special activities on days when child does not have symptoms; and limit activities and interactions on sick days. Discussions about excessive discomfort or illness should be replaced with having the child practice relaxation techniques and educating personnel working with their child about these approaches.

FACTITIOUS DISORDERS AND MALINGERING

In contrast to somatoform disorders, patients intentionally simulate or create their problems in factitious disorders and malingering.

Factitious disorder is a condition in which physical or psychological symptoms are produced intentionally but for unconscious reasons to assume a sick role. This diagnosis is made either by direct observation or by eliminating other possible causes. Most patients are immature, passive, and hypochondriacal. They show improvement when confronted with their behavior or acknowledge the factitious nature of their symptoms. It has been associated with borderline personality traits and substance abuse disorders. Approximate answers (e.g., 20−3=13) reported during a mental status examination are most commonly found in factitious disorders.

Munchausen syndrome by proxy (MBP) is a form of factitious disorder by proxy, where a parent (usually mother) mimics symptoms in his or her child. The motivation is believed to be a psychological need to assume a sick role through the child. Of these mothers, more than 72% have a history of factitious disorder or a somatoform disorder, and up to 80% of involved parents have some health care background. MBP is a type of child abuse. Boys are more commonly abused in this way, and neonates and preschoolers are the most common victims. Both *factitious disorder by proxy* (diagnosis of the abuser) and *pediatric condition falsification* (diagnosis of the child) are needed for diagnosis.

Common presenting symptoms include vomiting, diarrhea, respiratory arrest, asthma, seizures, incoordination, fever, bleeding, failure to thrive, rash, hypoglycemia, and loss of consciousness. Simulation of psychiatric disorders is rare. Nearly 75% of the morbidity to the child occurs in hospitals from invasive procedures. Once confronted with negative test results or discharge planning, the perpetrators may become intensely enraged and acutely suicidal or may initiate legal action so the treatment team should take appropriate precautions. Mortality in MBP may be as high as 33%, and siblings of these children are also at risk. Virtually all children suffer serious psychological sequelae from this form of abuse. Treatment involves protecting the child from further abuse and reporting to child protective services.

Malingering is a condition in which a physical symptom that is under voluntary control is used to gain reward (e.g., money or avoidance of school, jail, or obtaining drugs). The patient has conscious intent in production of symptoms. Symptoms may not lessen when the reward is attained. Malingering is difficult to prove unless the patient is directly observed or confesses.