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Review Article

Pseudocyesis: The birth of a delusion

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Abstract

Pseudocyesis is a rare, but debilitating somatic disorder in which a woman presents with outward signs of pregnancy, although she is not truly gravid. Commonly, women of lower socioeconomic status, limited access to health care, and feeling under significant stress to conceive are most at risk for this disorder. Although depression is a frequent comorbidity alongside pseudocyesis, endocrinologic disorders have been documented that mimic signs of polycystic ovary syndrome. This complex array of concerns requires an understanding of similar differentials and treatment options.
Keywords: Factitious pregnancy, delusion of pregnancy, pseudocyesis, somatic disorder.

1. Introduction

Pseudocyesis is a rare psychiatric syndrome. In literature it is also called false pregnancy, pseudopregnancy, hysterical pregnancy, or phantom pregnancy. The term "Pseudocyesis" was introduced by John Mason Good in 1823 based on Greek words pseudes = pseudo (false); and kyesis = pregnancy. Pseudocyesis is a state in which a woman, who is not pregnant, firmly believes that she is pregnant. At the same time she has almost all the signs and symptoms of pregnancy [1].

At present times researches have been oriented primarily toward endocrinologic disorders behind the phenomenon as well as the treatment of depression and unresolved mourning that are in close relation to the etiology of pseudo pregnancy. The signs of false pregnancy are: irregularity of menses, amenorrhea, abdominal distention, changes in breast size and shape, lactation, enlargement and areolar hyper pigmentation. There are also the so-called medial linea nigra, inverted umbilicus, better appetite and increased weight, and also a typical lordotic posture during walk, morning sickness and vomiting, and insisting on pregnancy. A person can hear the fetal heart; feel fetal movements, worry about the baby's health until the false parturition when she feels muscular contractions. In untreated cases recovery is spontaneous, but often ends in birth pain. In some cases, when a patient finds out she is not pregnant, serious complications can occur in the form of a heavy depressive episode [1].

2. Epidemiology

The phenomenon has been sporadically recorded and described in various locations, times and cultures, among all the races, nations and classes. It was first described by Hippocrates 300 years B.C. After that, in the 16th century the case of Mary Tudor, the daughter of Henry VIII was recorded. In the 18th century it was described in a fanatic religious woman Joanne Southcott, who believed she was going to give birth to a future Messiah. In the last two centuries about 600 cases of pseudopregnancy have been reported. Freud in his autobiographical study described the case of Anne O. and the manifestation of false pregnancy during the final stage of hypnotic treatment done

by Breuer. Bivin and Klinger gathered and presented 444 cases of pseudopregnancy in 1937, and Cohen 100 cases the same year. After that, 1033 cases like this have been presented individually [1].

The medical literature has reported about 550 cases of pseudocyesis, with patients ranging in age from 6 to 79 years. [4] The majority of cases occur within the 20- to 44-year age group. In the Western world, the incidence is 1-6/22,000 births.[5] The World Health Organization's Mental Health Action Plan emphasizes the importance of improving women's mental health, particularly when coupled with significant stress, poverty, and domestic abuse.[6] Healthy People 2020 estimates that 1 in 17 American adults suffer from mental illness. Depression, which often underlies pseudocyesis, accounts for 4.3% of all diseases worldwide and is a leading cause of disability both globally and in the United States. Major depression involves a 40%-60% increased risk for premature death, often as a result of additional poorly managed illnesses.[2]

3. Risk factors

Women who are at higher risk for a phantom pregnancy are those who have suffered intense distress or loss regarding pregnancy experiences. For example:

- Women who have been trying to conceive for a long time without success and are coming to the end of their reproductive life
- Women whose emotions run extremely deep with respect to pregnancy, or who have a great longing to become pregnant, though they are otherwise well balanced emotionally (or are non-psychotic)
- Women who have lost a fetus or a child
- Women who have lost a lover
- Women who very much fear becoming pregnant
- Women on drugs which increase the prolactin levels may experience galactorrhea, which may give rise to the illusion of pregnancy
- Women of a lower socioeconomic status are more prone to develop the condition; this is more pronounced when they experience powerlessness and deep insecurity in the face of a relationship that is about to end against their will, or following a loss[3]

3. Causes

The root of phantom pregnancy is thought to be an interaction between the reproductive system and the mind, postulated to be mediated by hormonal aberrations. This is interlinked with three factors which may cause feelings of false pregnancy.

First one of them is intense craving for or fears of pregnancy, which may operate in the following situations:

- Infertility
- A woman entering into a second marriages or marriage with a previously married man
- Repeated abortions
- Following operations on the reproductive organs
- When the woman wants to pressure a man into marriage

Then there are vague sensations which may be interpreted as signs of pregnancy, such as nausea, abdominal swelling, or feelings of pelvic pressure. This initial misperception may lead to a phantom pregnancy via the release of nervous system chemicals and certain hormones such as prolactin or luteinizing hormone. Some situations which are liable to produce phantom pregnancy include:

- Pelvic tumors
- Abdominal tumors
- Aging processes such as perimenopausal symptoms
- Galactorrhea due to hormone-secreting pituitary tumors known as prolactinomas
- Symptoms of pregnancy due to elevated levels of beta-HCG (human chorionic gonadotropin), also known as the pregnancy hormone, as a part of paraneoplastic phenomena in bronchogenic carcinoma
- Bloating of the body, sometimes due to various medications such as oral contraceptives

There is also a big role of depression, which is a frequently associated phenomenon, but often neglected when considering this specific disorder. Other factors may also include:

- Emotional distress
- Sexual abuse in childhood
- Breakups or distress during love relationships[3]

4. Assessment

In pseudocyesis, the patient history may reveal oligo or amenorrhea, changes in appetite, nausea, weight gain, a sensation of fetal movement, breast enlargement or secretion, and even labor pain. Symptoms may persist from a few weeks to beyond 9 months. [2]

At initial observation, the patient's posture may appear lordotic, and, during the physical assessment, darkened pigmentation may be noted on the face, abdomen, or around the areola. Abdominal distension is another common manifestation, but, upon further evaluation, several characteristics are quite different from true pregnancy. First, the umbilicus in pregnancy is typically everted, whereas, in pseudocyesis, the umbilicus remains inverted. Second, the abdomen is uniformly rounded; as opposed to a womb-favoring fetal lie. [2]

Finally, in pseudocyesis, abdominal palpation reveals a tight rubbery sensation, and percussion elicits

tympany. To facilitate diagnosis, recall that the presumptive signs of pregnancy include abrupt-onset amenorrhea (at least 10 days after menses were due to begin), nausea and vomiting, breast tenderness and enlargement, urinary frequency, and fatigue. Chadwick's sign (increased vascularity of ectocervix, which appears dark bluish-red), Hegar's sign (softening of the isthmus between cervix and uterus), Goodell's sign (cervical edema), palpable Braxton Hicks contractions, a positive urine pregnancy test, and palpable fetal movement, Serum human chorionic gonadotropin (hCG) is helpful in diagnosis as false-positive results are rare, but may occur in women who work extensively with animals, or have renal failure, a physiologic pituitary hCG, or an hCG-producing tumor (such gastrointestinal, ovary, bladder, or lung).[2]

Probable signs, present on objective evaluation, include colostrum expression, and skin changes, such as cholasma, linea nigra, and abdominal striae. Not only will the abdomen appear enlarged, but the uterus is enlarged as well, with palpable and ballottable fetal parts (particularly apparent in the third trimester). [2]

The only definitive signs of pregnancy to rule out pseudocyesis include fetal visualization via ultrasound or fetal heart rate auscultation by Doppler. Around the sixth week of gestation, an embryo should be visualized via ultrasonography, but, ultimately, sound clinical judgment must be employed when deciding on how long to continue testing for true pregnancy. The signs and symptom of false pregnancy are the same as a typical pregnancy. [2]

5. Diagnostic investigation

To determine whether a woman is experiencing a false pregnancy, the doctor will usually evaluate her symptoms,

- ❖ These tests start with a physical exam including a pelvic exam to determine if there has been any type of conception. Certain medical conditions can mimic the symptoms of pregnancy, including ectopic pregnancy, morbid obesity, and cancer. These conditions may need to be ruled out with tests.
- ❖ Perform a pelvic exam the test is used to feel the unborn baby during a normal pregnancy.
- ❖ Urine pregnancy tests will always be negative in these cases, with the exception of rare cancers that produce similar hormones to pregnancy.
- ❖ An ultrasound is another test that will determine if a pregnancy is true or false. This will show, in the event of a false pregnancy that there is no fetus but in some severe cases, the ultrasound may show a softening of the cervix, just as it would in a true pregnancy.
- ❖ An ultrasound is the only test that will 100% disprove or prove a pregnancy[4]

6. Treatment

- Treating a false pregnancy is very difficult since it is a delicate situation, it is not necessarily a medical problem but more psychological where symptoms can last anywhere from a few weeks to the whole 9 months, to even years [4].
- Showing a woman proof that she really isn't pregnant through imaging techniques like an ultrasound is the most successful way to bring a false pregnancy to an end.[5]
- False pregnancies aren't thought to have direct physical causes, so there are no general recommendations for treating them with medication. But if a woman is experiencing symptoms like menstrual irregularity, medication may be prescribed [5].
- The effectiveness of treatment of pseudocyesis has not been measured via specific endpoints and outcomes in many studies. Although there is no accepted clinical protocol regarding management of women with pseudocyesis, successful treatment requires multidimensional cooperation between gynecologists, psychiatrists, and psychologists[6]
- Therapy might focus on helping the patient perceive the meaning of the symptoms and help resolve the stressors that were partly responsible for the condition's onset. Obtaining a psychiatric history and clinical counseling should be considered as part of psychological management[6]
- Physicians should communicate empathetically or have a good rapport with the patient; this will help immensely with proving the absence of pregnancy with pregnancy tests such as measurement of beta-chorionic gonadotropin (βCHG), thyroid gland hormones, and ultrasonic examination[6]
- Sometimes, patients don't accept the diagnosis and refer to different physicians to accept their claims. A study showed that pseudocyesis resolved in most patients who were confronted with the reality that they were not pregnant [6].
- Psychiatric procedures that can be used in these patients include supportive, cognitive, behavioral and psychoanalytical psychotherapy that focuses on problem-solving A combination of psychotherapy, pharmacotherapy with antidepressants or antipsychotics, hormonal therapy, and uterine curettage is effective in almost all or all patients .Enlisting the help and support of family members and friends is vital In most cases, therapy will be accelerated by the patient's interest in symptom resolution Pseudocyesis may recur. Recovery from pseudocyesis is often spontaneous, but more often preceded by labor pains [6].

7. Nurses responsibility

- Pseudocyesis is a disorder that is rarely encountered in psychiatric practice. It is characterized by numerous signs and symptoms of pregnancy, except for confirmation of the Presence of a fetus. The nurse is often the first Contact and is in a great position to provide support. It is essential to maintain the awareness that that you cannot change culture. Individuals needing psychiatric Services should be referred. At the same time, there should be a realization the many of these women Are anxious, depressed, and may have numerous life stressors to be pregnant.[7]
- An individual plan of care with an emphasis on open communications is essential. It stars with conveying the basic fact of not being pregnant despite having presumptive symptoms of pregnancy by presenting objective results of a lack of fetal heart rate or fetal visualization via ultrasound.[7]
- The patient needs to feel that you want to continue to work with them. Often these women will accept informal counseling from a midwife or physician and will rarely agree to formal psychotherapy. The nurse (perinatal care provider) may need to consult a mental health provider for guidance [7].
- Explore why the pregnancy is so important and determine a course which addresses the issues at hand. Keep in mind that some women are accepting of the lack of pregnancy diagnosis without a major issue. Whereas others need ongoing support to resolve the issue.[7]
- If depression or anxiety is a causative factor these issues need to also be addressed. Supportive nursing care makes a difference in these women's lives.[7]
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8. Implications

Practitioners presented with this situation in the realm of primary care must be cognizant, recognizing signs, such as those discussed, that necessitate psychiatric follow-up. The practitioner is in a unique position to influence the next steps a woman with pseudocyesis chooses to take, as her first expert contact. The prudent practitioner understands, however, that he or she is likely to trigger increased depression with news of her nongravid state, but also has an opportunity to foster a trusting relationship during this difficult time. With a customized primary care and mental health collaborative plan, the patient may be more likely to take her first steps toward recovery [2].

9. Conclusion

Pseudocyesis or false pregnancy is now rarely encountered in psychiatric practice, and when it occurs, a psychiatrist is usually included by liaison principle in the treatment of these patients. Team work of various specialists, gynecologists and psychiatrists in particular, also including close work with the patient's family, plays a major role in the management of this pathology. The question of pseudocyesis as a somatoform disorder remains open for further elucidation

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