



Case Report

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Persistent Pseudologia Fantastica in a Patient with Bipolar Disorder and ADHD: A Case Report

Shokouh Gheibi¹, Mohammad Aidin Farahvash², Morvarid Ahadi^{3*}

1. Razi Educational and Therapeutic Psychiatric Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

2. School of Medicine, Tehran University of Medical Sciences, Tehran, Iran.

3. Psychiatry Department, Psychosis Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

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Running Title Pseudologia Fantastica in Bipolar Disorder

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Pathological lying; Bipolar disorder; Adult ADHD**ABSTRACT**

Pseudologia fantastica is characterized by habitual, elaborate, and often fantastical fabrications that the patient recognizes as untrue.

We report a case of a 24-year-old male with bipolar disorder and adult ADHD whose treatment included mood stabilizers and atomoxetine, which improved psychiatric symptoms but had minimal effect on the pseudologia.

This case highlights the persistent nature of pseudologia fantastica and its diagnostic and therapeutic complexity, calling for further investigation into its management.

Introduction

While pseudologia fantastica is not a formal diagnosis in DSM-5, it presents significant diagnostic and therapeutic challenges. Pseudologia fantastica, also known as pathological lying, is a psychiatric phenomenon characterized by persistent fabrication of stories that blend fact and fiction [1, 2]. These stories are often self-aggrandizing, not entirely improbable, and built upon a matrix of truth [1]. The condition affects both males and females equally and may persist for years or a lifetime [1, 3]. While pseudologues can acknowledge

falsehoods when confronted, the condition is distinct from delusions [1]. Treatment approaches may include confrontation techniques while maintaining a therapeutic alliance [4]. Pseudologia fantastica poses significant challenges in clinical and forensic settings, particularly in evaluating capacity to stand trial and criminal responsibility [3]. Despite being recognized for over a century, the condition remains understudied and poorly understood, highlighting the need for better definition and classification in diagnostic manuals [2, 3]. This case highlights the pressing need for a deeper understanding and more effective clinical practice strategies to address this condition.

*** Corresponding Author:****Morvarid Ahadi****Address:** Psychiatry Department, Psychosis Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.**E-mail:** morvaridahadi1360@gmail.com

Case Presentation

The patient is a 24-year-old male with a known history of bipolar I disorder with psychotic features and adult ADHD. He presented with increased talkativeness, agitation, aggression, auditory hallucinations, and grandiose fabrications concerning his identity. His psychiatric history dates back to childhood, when he was first diagnosed with ADHD and bipolar disorder. During adolescence, the severity of his psychiatric symptoms led to expulsion from school. In adulthood, he experienced multiple psychiatric hospitalizations, largely due to nonadherence to treatment.

At present, the patient exhibits persistent agitation and pressured speech, along with elaborate, fantastical storytelling that includes symbolic and exaggerated content. He experiences auditory hallucinations and makes claims about extraordinary identities. While he occasionally acknowledges the fictional nature of his fabrications, he continues to engage in them compulsively. There is no notable family history of psychiatric illness. Psychosocially, the patient has struggled with academic and interpersonal functioning for years.

Mental status examination revealed pressured and circumstantial speech, irritability, and thought content rich in imaginative and implausible themes, although lacking full delusional conviction. He retains partial insight, recognizing at times that his narratives are not grounded in reality.

The diagnostic evaluation included clinical interviews and ongoing observation during psychiatric hospitalization. A central diagnostic challenge was distinguishing between true delusional ideation and pseudologia fantastica a pattern of pathological lying without fixed delusional belief. Ultimately, he was diagnosed with bipolar I disorder with psychotic features, adult ADHD, and pseudologia fantastica as a behavioral phenomenon.

Pharmacological management included mood stabilizers (sodium valproate, lithium carbonate, haloperidol, quetiapine) and atomoxetine for ADHD symptoms. These medications were administered during inpatient hospitalization, with adjustments made based on symptom response, particularly for agitation and attention deficits.

The patient showed significant stabilization of mood and behavior during his inpatient stay. However, the pseudologic behaviors persisted with little to no improvement. Medication adherence improved in the structured inpatient setting, and no adverse effects were reported. No additional follow-up investigations were specified.

In summary, the prognosis for mood-related symptoms is favorable with continued treatment adherence. In contrast, the prognosis for pseudologia fantastica remains poor, as this behavioral pattern is typically resistant to pharmacological intervention. The patient showed partial awareness of the fabrications and did not express concern about their validity, reflecting limited distress or desire for change.

Discussion

Research outlines pseudologia as a mix of fact and fiction, potentially rooted in psychological defense mechanisms or developmental disruptions. Cross-cultural perspectives, psychoanalytic theories, and forensic implications are relevant. Pseudologia fantastica, or pathological lying, is marked by compulsive, elaborate fabrications that mix fact and fiction. First described in 1891, it features stable, seemingly believable stories that often persist for years or a lifetime [3, 4]. The condition, equally prevalent in men and women, presents significant challenges in clinical and forensic contexts, particularly in evaluating criminal responsibility [2]. While treatment may involve confrontation techniques within a therapeutic alliance, its classification as a standalone disorder or symptom remains debated [5].

Some theories view pseudologia fantastica as a defense mechanism to suppress unacceptable impulses. At the same time, psychoanalytic perspectives link it to a failure in developing “potential space,” crucial for a cohesive sense of self [6]. Cultural factors also play a role; for instance, in Chinese culture, lying may serve to “save face” rather than for self-aggrandizement [7].

Rarely have shared cases of pseudologia fantastica (“à deux”) been documented, further complicating its study. Research, such as that by Dimitrakopoulos et al. (2014), highlights the need to explore its phenomenology and pathophysiology [8].

Conclusion

This case demonstrates that pseudologia fantastica may persist independently of mood and psychotic symptom resolution, presenting a unique and significant therapeutic challenge. Treatment strategies should include long-term psychotherapy and careful differentiation from psychotic disorders.

Informed Consent

Informed consent for publication of this case report has been obtained from the patient and is available upon request.

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this article.

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Conflict of Interests

The authors have no conflict of interest to declare.

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