

Intentional Foreign Body Ingestion by Inmates: Demographics, Trends, and Motivations

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Introduction

Intentional foreign body ingestion (IFBI) is a complex and costly clinical issue. The prevalence is higher in the inmate population than it is in the general population. Historically, it has been believed this higher incidence of deliberate ingestion is due to secondary gain, however, evidence for this assumption is lacking. Previous research has found that psychiatric disorders play a larger role than previously recognized in those who ingest. Despite this, little research has evaluated which psychiatric diagnoses are most prevalent among inmates with ingesting behaviors. Determining the most common psychiatric diagnoses among these patients could support more effective treatment plans to decrease the incidence of initial and repeated intentional foreign body ingestion among inmates.

Research Question

What is the most common psychiatric diagnoses for inmates who intentionally ingest foreign bodies? This study was a retrospective chart of prisoners that have been treated in the MIHS system for foreign body ingestion over the past four years. Data such as psychiatric diagnosis, demographics, substance abuse, and evidence for imitation will be obtained and analyzed for common factors.

Materials and Methods

A retrospective chart review was conducted of foreign body ingestion cases at Maricopa Integrated Health Systems between January 2010 and January 2014. 27 subjects were identified. Data was extracted from the electronic medical record based on search terms including all ICD-9 codes referring to IFBI and CPT codes relating to surgical and endoscopic retrieval of foreign bodies. Variables analyzed include demographics, endoscopies, GI surgeries, imaging, clinical data, psychiatric history, and nature of ingested objects were collected.

Results

A total of 27 subjects were identified and analyzed. Of the 27 subjects, 24 (89%) had psychiatric diagnoses coded in their medical records. Twenty-one (78%) had more than 1 psychiatric comorbidity with an average of 2.46 diagnoses per subject. 36.1% of subjects carried a diagnosis known to be associated with poor regulation of impulses (Cluster B personality disorder, ADHD, substance use disorder).

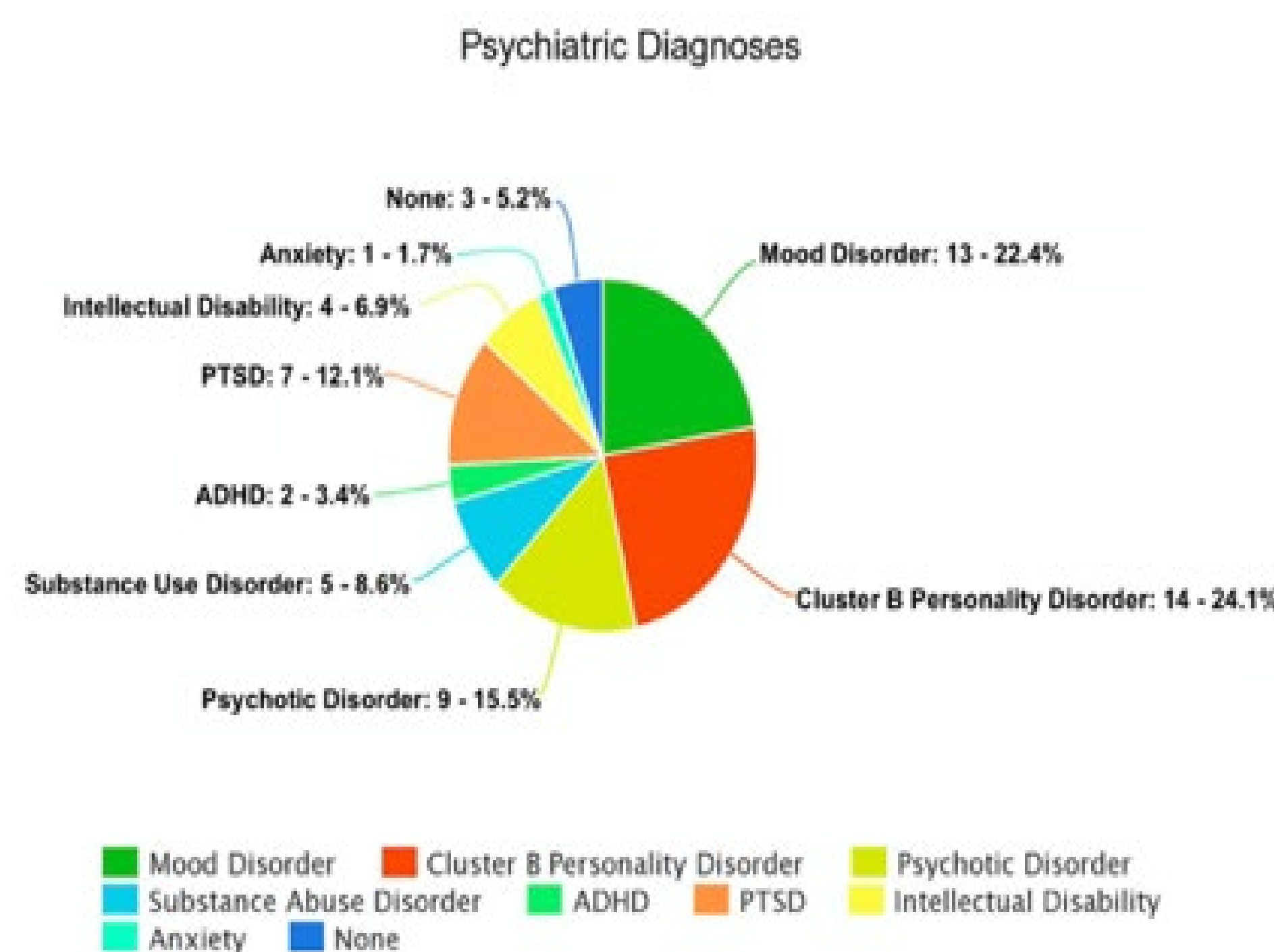


Figure 1: The prevalence of psychiatric disorders among inmates who intentionally ingest foreign bodies

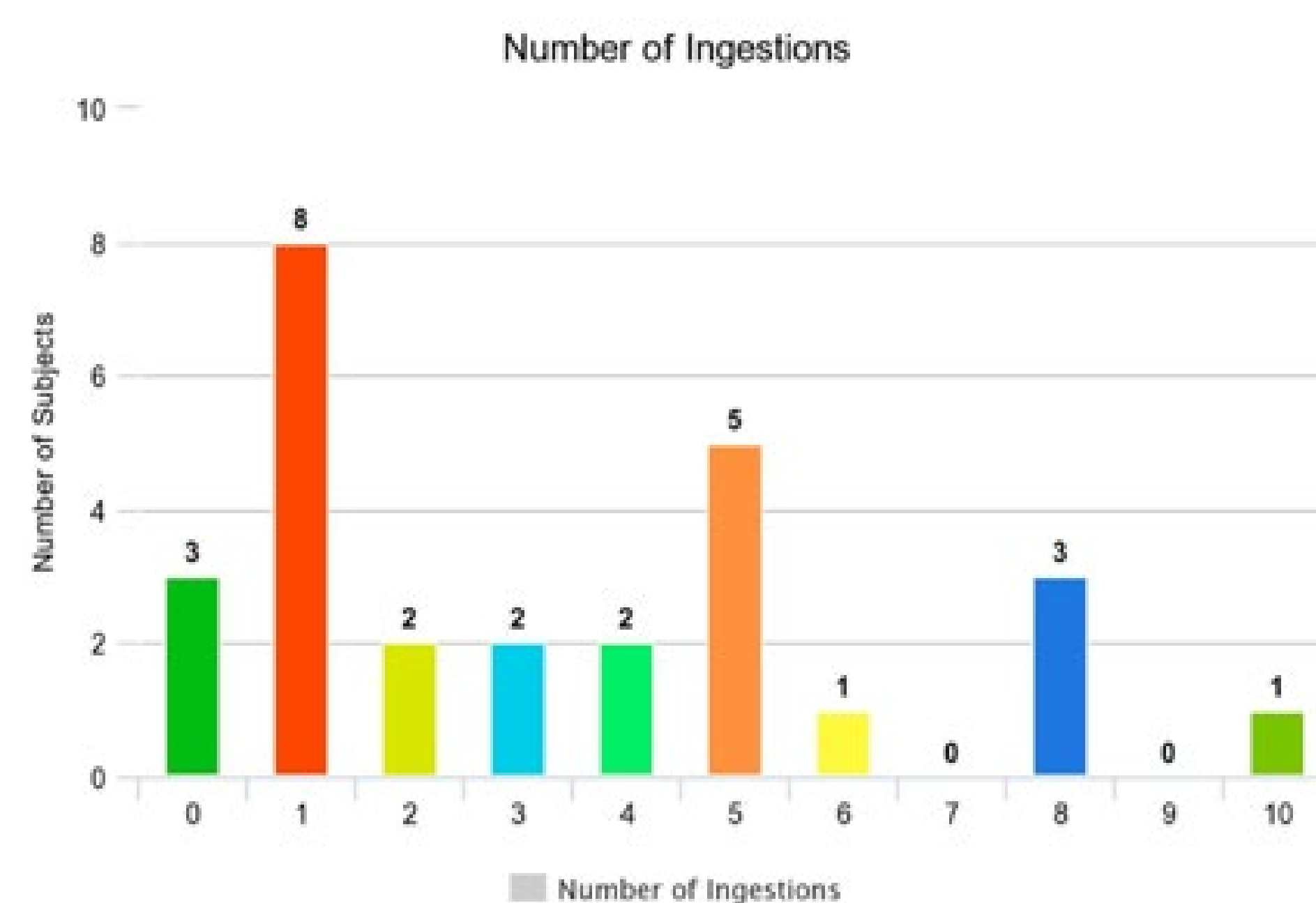


Figure 2: The number of ingestions recorded among inmates

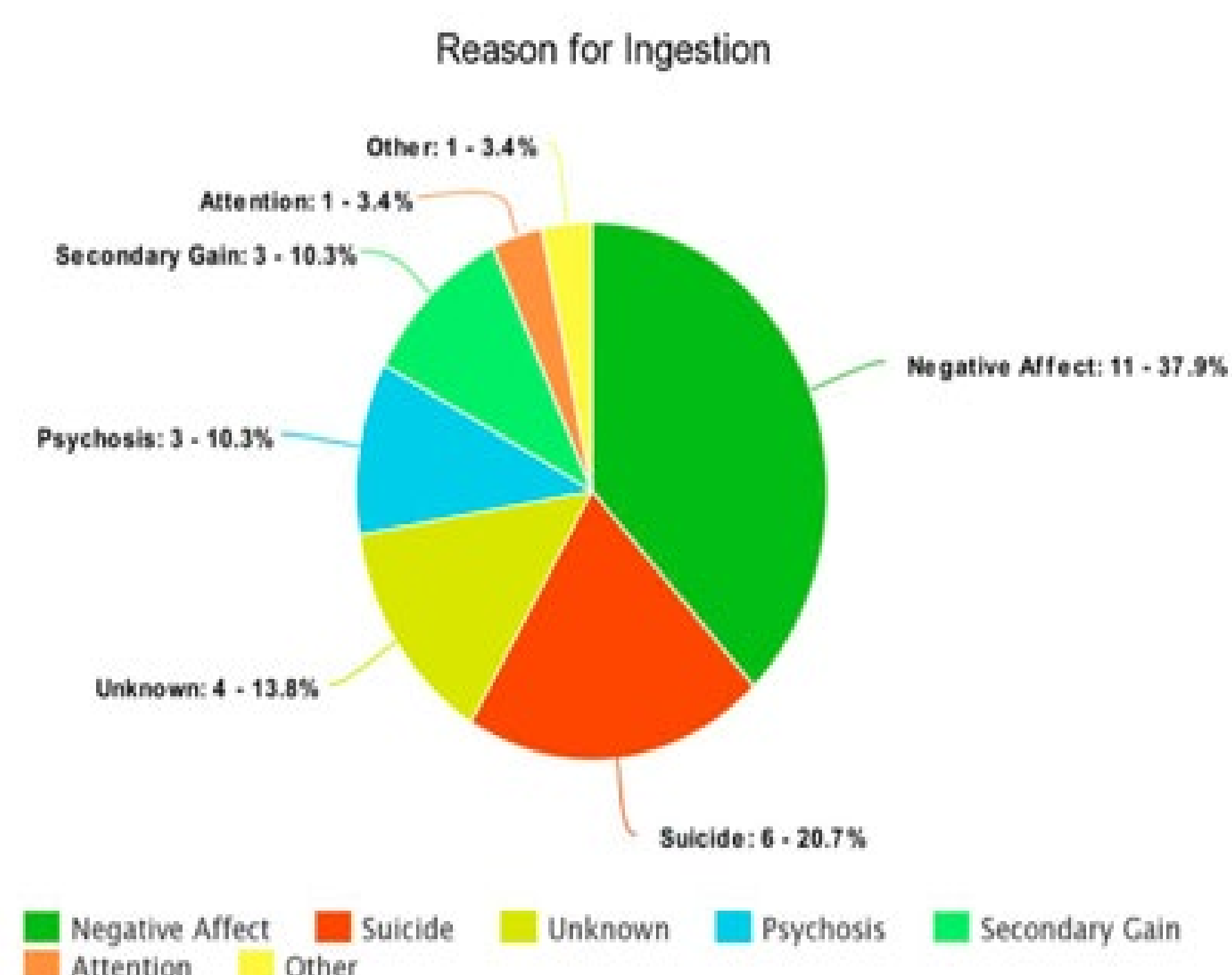


Figure 3: The varying reasons cited by prisoners for having ingested foreign bodies

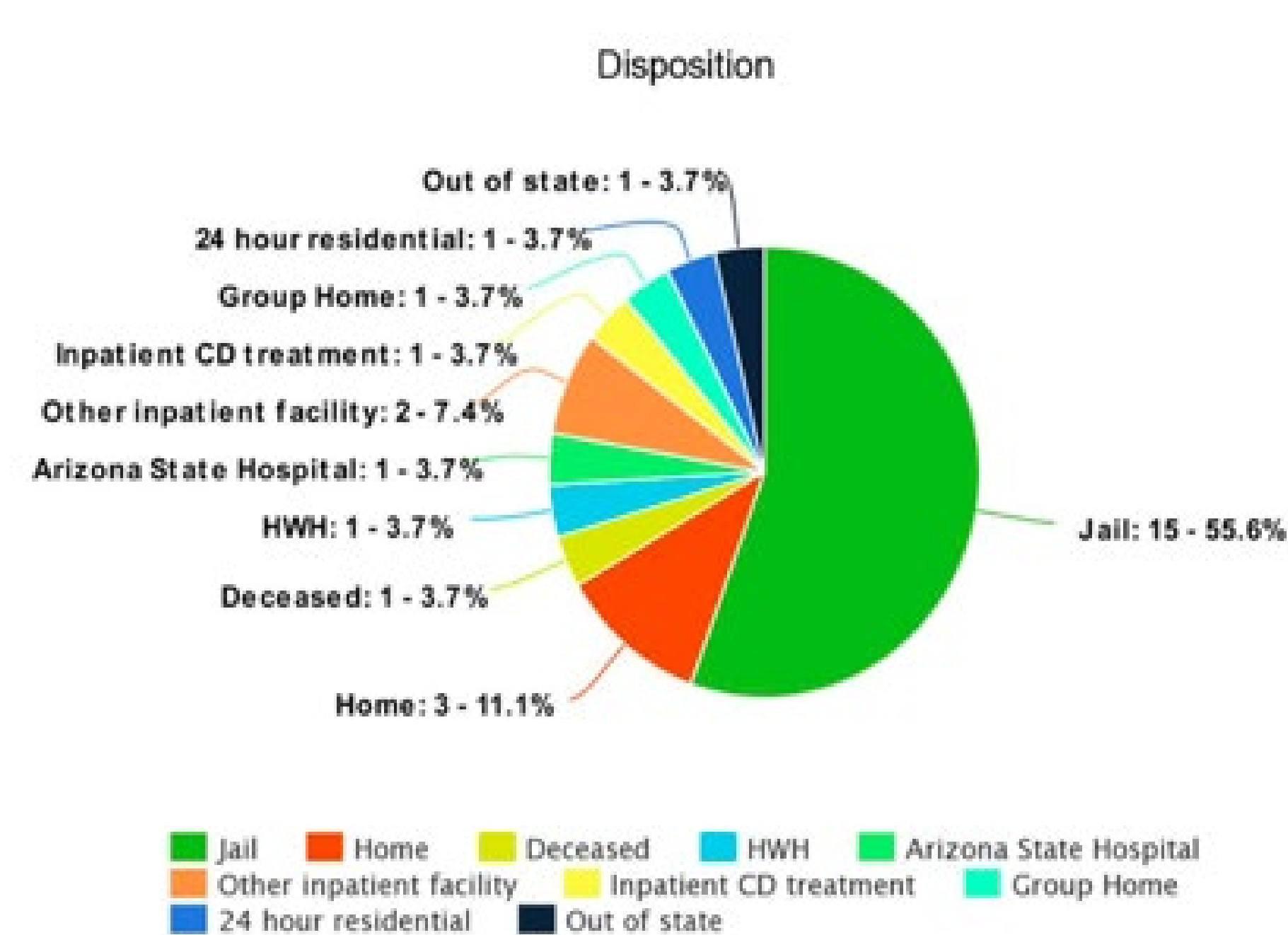


Figure 4: The recorded dispositions of the inmates who intentionally ingested foreign bodies

Conclusion

Despite the longstanding belief that IFBI by inmates is due to secondary gain, only 10% of our study population noted this as their motivation. Negative affect (32.3%) or suicide (19.4%) were the most cited reasons for ingestion.

Of the 27 inmates, 92% had one or more psychiatric co-morbidities. All 23 of these subjects were on one or more psychiatric medications at the time of ingestion. Impulse control disorders were the most common followed by mood disorders, psychotic disorders, intellectual disability then anxiety disorder.

IFBI has a poor response to current treatment modalities as noted by the 64% of the subjects in this study were classified as repeat ingesters with 56% of subjects having 3 or greater ingestions.

Despite the challenges presented by repeat ingesters, only 4 of the 16 repeat ingesters (25%) received specialized behavior plans, which involve psychology services, multidisciplinary meetings, enforcement and implementation by nursing as well as possible recreational therapy.

Summary

- Psychiatric disorders play a larger role in inmate IFBI than previously believed
- Secondary gain was not a commonly cited reason for ingestion among inmates
- IFBI by inmates is poorly responsive to usual treatment modalities, however, this may be in part due to inconsistent access to multidisciplinary treatment

Acknowledgements

I wish to thank my mentor Gretchen B. Alexander, MD, for her support and guidance.