

MEDICAL STAFF INFORMATION SHEET

A Brief Description of Functional Neurological Disorder [FND]

What is FND?

FND stands for Functional Neurological Disorder. Other names that may be used are Functional Neurological Symptom Disorder, Functional Movement Disorder, Dissociative (non-epileptic) seizures/attacks, as well as the terms 'psychogenic' and 'conversion'. FND symptoms can be single, multiple, episodic or persistent. Symptoms may include:

- Movement symptoms such as tremors, limb weakness, episodes of paralysis, altered gait, painful muscle spasms or fixed joints.
- Sensory symptoms such as altered sensation or visual disturbances.
- Seizures or attacks which resemble Epilepsy or syncope.

Broadly speaking FND relates to a problem with the nervous system functioning rather than structural disease.

Symptoms may appear similar to neurological disorders such as Multiple Sclerosis, Parkinson's and Epilepsy, and are associated with similar levels of disability and distress. Other conditions/symptoms to commonly co-occur with FND include chronic pain (including Fibromyalgia), fatigue, cognitive symptoms, dizziness, migraine, Irritable Bowel Syndrome, anxiety and depression.

FND should usually be diagnosed by a physician familiar with the diagnosis of neurological disease. It is NOT a diagnosis of exclusion and should be made on the basis of positive features of the disorder such as Hoovers Sign (limb weakness), Tremor Entrainment Test (tremor), or in appropriate situations the typical features of a dissociative/functional seizure. FND may also co-exist with other Neurological diseases.

Historically FND has been thought to be tightly linked to recent stress or past emotional trauma. In fact, this is not to be the case for some patients with FND and psychological factors should not be used to make the diagnosis. Physical triggering factors, including physical injury and comorbid disease, are also important and a broad biopsychosocial model is required.

Treatment

Treatment starts with an unambiguous, positive and supportively communicated diagnosis which helps the patient understand that they have a genuine condition which is potentially reversible. Without this step, further therapy may be compromised. Treatment plans must be tailored to suit the person's individual need. Collaborative care may include: physiotherapy (specific evidence-based physio for FND is described and is different to physio of other neurological conditions), psychotherapy (especially cognitive behavioural therapy (CBT) for seizures and must be delivered by a therapist who has current understanding of FND), medication management, occupational therapy, and carer/family support. Treatment outcomes are variable. Not all patients can improve but evidence from randomised trials indicates that treatment can be highly effective for some individuals.

What we would like medical staff to do

- Take time to learn more about the condition. People who feel that they are being listened to by someone who has a current knowledge of FND will feel much less anxious and more willing to engage.
- Understand that the person is not in any way faking their symptoms and offer compassionate support to avoid people not seeking medical care because of their fear of not being believed.
- If a person presents with a new symptom, strike a balance between automatically assuming it is related to FND and recognising an individual's vulnerabilities.
- Do not rush to 'blame' symptoms on stress, anxiety or depression. These issues may not be present at all, or may occur as a consequence of a bewildering and stigmatised problem. Psychological factors and treatment remain important for many patients but an insistent focus on this is akin to a narrow focus on smoking in patients with stroke. In some it is relevant, in others it is not.
- Provide and coordinate continuous care and support whilst a person remains symptomatic.

Further information can be found at www.neurosymptoms.org. You may also like to consider joining www.fnforum.org which has been set up to bring together health professionals who work with patients with functional neurological disorders.