MEDICAL STAFF INFORMATION SHEET

(A Brief Description of Functional Neurological Disorder)

Functional Neurological Disorder (FND) is the diagnosis given when there is a problem with how the brain/nervous system is functioning, rather than a disease. Symptoms may appear similar to neurological conditions such as Multiple Sclerosis, Parkinson's disease and Epilepsy, and are associated with similar levels of disability and distress.

Symptoms may include:

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

Other diagnostic names may be given which come under the same diagnostic umbrella. Such as Functional Movement Disorder, Functional Seizure Disorder (may be referred to as Non-Epileptic Attack Disorder or dissociative seizures), Functional Dystonia, Functional Cognitive Disorder, and others relating to bodily functions. These diagnostic names may be used if a person is experiencing specific/isolated symptoms.

DIAGNOSIS

FND is not a diagnosis of exclusion, nor presents with medically unexplained symptoms (MUS). It should be diagnosed by a Neurologist from positive signs/tests. It is important that a thorough investigation is undertook to avoid misdiagnosis, and that it is also taken into consideration that FND is not an overall diagnosis. FND may co-exist with other neurological conditions and health problems.

Historically FND has been thought to be tightly linked to recent stress or past emotional trauma. Current understanding is that this is not relevant for some people with FND, and therefore psychological factors should not be used to make the diagnosis. Triggering factors, such as physical injury and comorbid disease, may also be important, and therefore a broad biopsychosocial model is required.

TREATMENT

Treatment should start with an unambiguous, positive, and supportively communicated diagnosis which helps the person understand what is going wrong and how it can be treated. **It is recognised that the sooner treatment is started, the better chance a person has of recovery/symptom management.**

Treatment plans must be tailored to suit the person's individual need, and it is important that collaborative care is accessible. This may include treatment from neuro-physiotherapy (specific evidence-based physiotherapy which is tailored around retraining the brain), neuro-psychotherapy (such as CBT to help manage symptoms and possible triggers), occupational therapy, and other associated therapies dependant on symptoms. Treatment outcomes are variable. Not all people can improve, but evidence from randomised trials indicate that appropriate treatment can be highly effective for some.

WHAT WE WOULD LIKE MEDICAL STAFF TO DO

- Take time to learn about the condition. People who feel that they are being listened to by someone who has a current understanding of FND will feel much less anxious and more willing to engage.
- Understand that the person is in no way consciously controlling 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 problems may not be present at all, or may occur as a consequence of a bewildering and currently stigmatised diagnosis. Psychological factors and treatment remain important for some people, 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 about FND can be found at www.neurosymptoms.org.