

Functional neurological disorder

What is functional neurological disorder?

Functional neurological disorder (FND) is a prevalent condition causing ongoing and disabling neurological symptoms. Unlike disorders caused by structural damage to the brain, FND stems from dysfunctions in how brain networks operate. Symptoms can range widely, including seizures, movement issues, weakness and sensory disturbances, with common additional symptoms being fatigue, pain and cognitive difficulties.

A brief history of FND

FND has been recognised throughout history, with early descriptions appearing in ancient Mesopotamian and Egyptian texts. The term "hysteria" originates from ancient Greek medicine. In the 19th century, interest in FND grew within the neurological community, notably through the work of Jean-Martin Charcot, one of the most distinguished physicians of his time and considered a founder of modern neurology, who took interest in functional symptoms during his appointment at the Salpêtrière Hospital in Paris. Historically labelled as hysteria and managed primarily by psychoanalysts, FND was often overlooked by both neurology and mental health services.

However, recent efforts focus on understanding underlying causes and finding effective treatments. Neurologists now integrate positive signs of FND with clinical symptoms and psychological backgrounds during assessments, recognising the complex interplay between physical and psychological factors.

Prevalence and Impact

Despite not being well understood by many, FND is a significant cause of disability and distress. It is estimated to be the second most common reason for neurological consultations after headaches, with around 8,000 new diagnoses annually in the UK. Studies estimate a prevalence of 50-100 cases per 100,000 people, translating to about 50,000-100,000 individuals in the UK. FND is also common among children and adolescents, particularly in females, accounting for 2-10% of paediatric clinic visits.

Recognising symptoms of FND

Patients with FND can exhibit various debilitating symptoms without a physical cause including:

- Limb weakness
- Difficulty swallowing (dysphagia)
- Chronic pain
- Sensory disturbances
- Vision problems
- Cognitive issues
- Tremors
- Dystonia
- Gait abnormalities
- Fatigue
- Functional seizures/dissociative attacks
- Loss of responsiveness

The disability severity in FND matches that of conditions like multiple sclerosis or epilepsy. Early recognition and intervention are crucial as prognosis can be poor without them.

General management of FND

Treating FND involves a tailored approach combining physical and psychological rehabilitation. This may include specialist neuro-physiotherapy, occupational therapy, speech and language therapy, and psychological therapies such as cognitive behavioural therapy (CBT) to help 'retrain' the brain.

Effective management starts with clear communication from healthcare providers. Explaining the diagnosis, acknowledging and validating the symptoms, clarifying what patients don't have, emphasising that FND is common and potentially reversible, encouraging self-help and reassuring patients that improvement is possible, engaging family and friends in understanding the diagnosis to support the patient's recovery are all important in the management of FND.

Sources of information

There are valuable resources available on the following websites:

- neurosymbols.org
- nonepilepticattacks.info
- fndhope.org

Outlook

While some FND cases may improve with explanation and reassurance, more persistent symptoms may require extensive treatments. Encouragingly, the convergence of neurology and psychiatry is enhancing our understanding and management of FND, reducing stigma and improving patient outcomes.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

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Hand hygiene

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Other formats

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After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

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