



# Functional Disorders... ...and what you can do to help

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# Functional Disorders are Common



# Does the label matter?

Hysteria

Psychogenic

Nonorganic

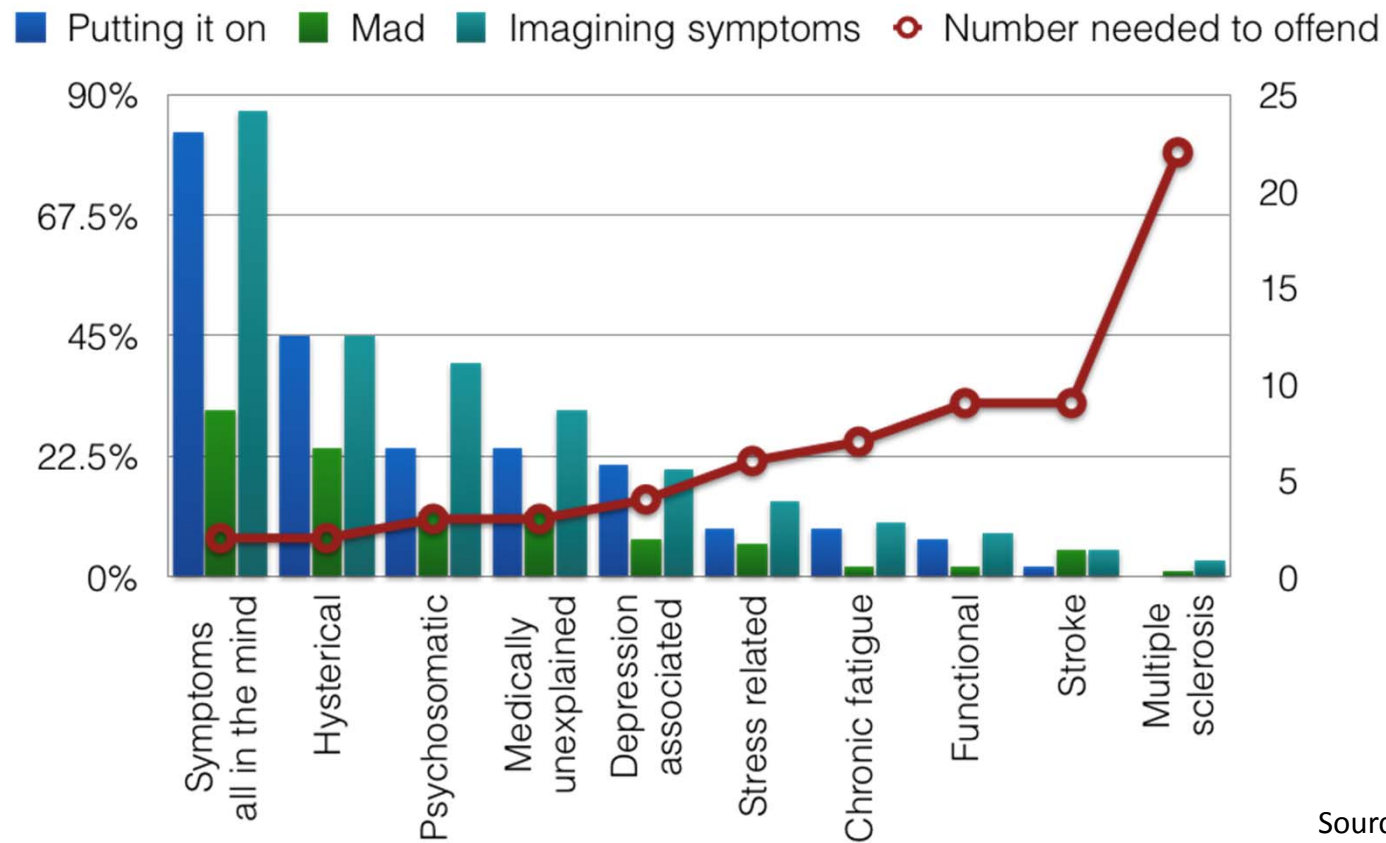
Medically unexplained

Functional

Conversion disorder

Pseudo...

# The number needed to offend



Source: BMJ, 2002 vol. 325 (7378) pp. 1449-1450

# They are difficult to help

- Time consuming
- Worried about getting the diagnosis wrong
- Not confident about explaining the diagnosis to the patient
- Worried about angry patient

# Bad experiences I

- Not getting a chance to describe all the symptoms
- Feeling that their symptoms were dismissed
- Perception that the doctor was most interested in looking for some kind of psychological problem

## Bad experiences II

- Not being given a chance to explain and discuss their thoughts about the cause and treatment of the symptoms (e.g. Lyme disease)
- Not being given a diagnosis, treatment or anything that they can read up about afterwards
- Not being given enough time

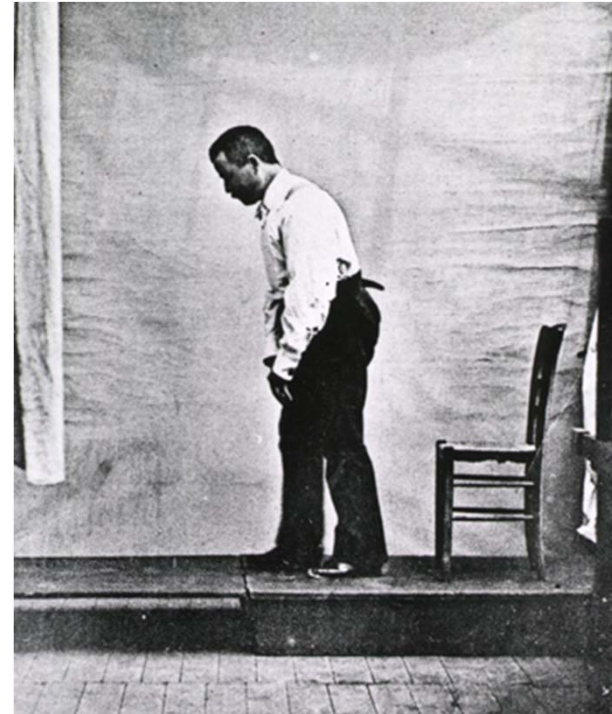
# Therapeutic aspects of history taking

1. Drain the symptoms dry
2. Ask about dissociation
3. Ask what the patient thinks is wrong and what should be done
4. Go easy on psychological questions
5. Don't rush



# Diagnosis of FND

- Inconsistency
- Incongruity with recognised neurological disease
- Look for positive signs
  - Hoover's sign
  - Distraction
  - Entrainment



# Functional tremor

## **Tremor Entrainment Test**

A man with bilateral arm tremor. When asked to do mental arithmetic, the patient exhibits little difference in tremor symptoms. When copying cued movements in one hand, the contralateral tremor initially ceases, then entrains. Ballistic movements lead to brief pauses.

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# Treatment

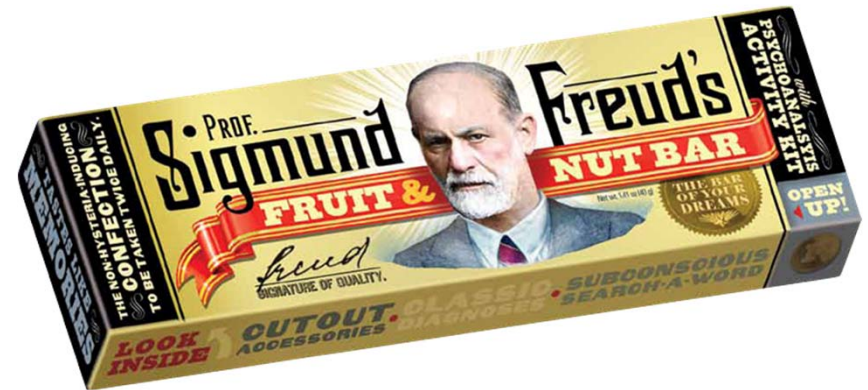
*All of us*

- ~~Neurologists~~ can do CBT!
- Pharmacotherapy
- Psychological therapies
- Physiotherapy



# But why did I get it?

- Focus on mechanisms: Software vs. hardware
- General explanation is ok for many patients



# How you can help...although you are not confident diagnosing FND

- Observation & sharing of target symptoms, including;
  - Fluctuation / discrepancy
  - Triggers
  - Duration
  - Time of day phenomena
- Reinforce strategies the patient can use
  - Grounding
  - Breathing
  - Progressive muscle relaxation
- Reinforce agency/ internal locus of control

# How you can help

- Good communication with patient and team members
- Familiarise self with colleagues approach
- Trust in colleagues