

# Functional Neurological Disorders Patient Information



## What are functional neurological disorders?

Functional Neurological Disorders are a group of symptoms that are neurological in nature, meaning that they signal a dysfunction of the nervous system (brain).

### **The most frequent symptoms are motor and manifest as:**

- A weakness (arm, leg, dropping of objects)
- An involuntary abnormal movement (tremor, cramp, jerks, stiffness)
- A gait problem (difficulty walking/standing)

### **The symptoms can also manifest as sensory disturbances:**

- Loss of sensation (or numbness, tingling in a body part)
- Loss of vision (or double vision, blurry vision sometimes like «snow»)
- A change in smell, taste, hearing

## Is this a rare disorder?

No, these disorders actually represent one of the most frequent causes to go and see a neurologist.

## Why do I hear this name for the first time?

These disorders are not so well-known as other neurological diseases because they have often changed their names throughout history. Current disease classifications also use the terms conversion disorder or dissociative disorder.

## How is the diagnosis made?



The diagnosis requires that your doctor finds specific positive signs (see pictures on the left) during the physical examination when she/he tests the reflexes, strength, sensation and observes your movements.



Sometimes your doctor will need additional tests such as blood tests or brain MRI (Magnetic Resonance Imaging). However, these tests are not mandatory. If you have any doubts about the tests performed in your case, it is important to discuss them directly with your doctor.

## What is the cause?

The cause of functional neurological disorders is not known, just as it is the case for other neurological diseases (Parkinson's disease or multiple sclerosis). However, research has shown that there are several factors that can contribute to the development of functional disorders:

- a physical shock (a fall, illness, panic attack, surgery or medical treatment)
- a psychological shock (stressful life event)

Sometimes functional neurological disorders occur without such a shock.

**Research in neurosciences also studies the influence of:**

- lifestyle (stress, fatigue)
- hereditary or genetic factors

## What is the mechanism?

The mechanism responsible for the symptoms is known (unlike the cause), as is the mechanism of Parkinson's disease (decreased dopamine production) and multiple sclerosis (inflammation).

For functional neurological disorders, the mechanism is a disorder of brain function. If we compare the brain with a computer, there is a programming problem, so there is a «software» problem. The brain itself is not damaged; the «hardware» is intact. This explains why most tests (blood, MRI) are normal (hardware) while clinical tests (positive signs on physical exam) are abnormal (software).

## Can it be cured?

Yes, because the mechanism is reversible (the software can work again). The course of symptoms varies greatly from one patient to another. There are rapid recoveries but most often the evolution is characterized by a slow and gradual improvement. There can be fluctuations and periods when symptoms become more pronounced again (see graphic below). It is therefore important not to get discouraged when things get worse: instead looking at the general improvement line that shows an evolution towards the best is helpful.



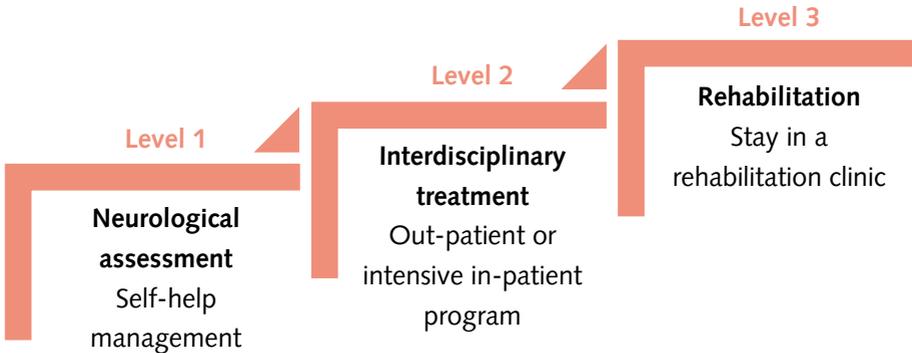
## Are there associated symptoms?

Sometimes functional neurological disorders are accompanied by several other difficulties that have an impact on quality of life such as:

- Headaches
- Pain in various parts of the body
- Sleep disorders
- Fatigue
- Difficulties with concentration
- Forgetfulness  
(where did I put my keys?)
- Sense that sometimes the environment is foreign or unreal
- Panic attacks
- Sadness or anxiety
- Loss of interest in engaging in activities
- Difficulties in managing emotions  
(frustration, anger, discouragement)

## What is the treatment?

The treatment is declined in three levels:



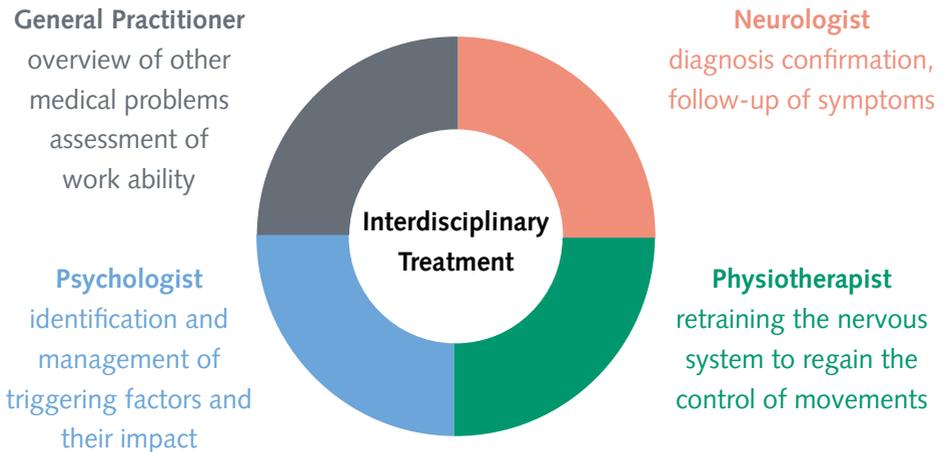
For some patients LEVEL 1 treatment leads to recovery within a few weeks.

For other patients a LEVEL 2 interdisciplinary program is needed. Depending on the needs of the patient, an out-patient setting or in-patient setting (intensive hospitalization 1–3 weeks).

For other patients, longer hospitalizations in rehabilitation clinic can be organized (LEVEL 3).

## What is an interdisciplinary program?

This program allows several professionals to work together in an integrated network: Neurologist, Psychologist, Physiotherapist in collaboration with the General Practitioner.



## What can I do to get better?

Research has shown that patients who have understood and accepted their diagnosis are improving quicker. It is therefore important that you do not keep any doubts about your diagnosis, so:

- Ask your questions to your therapists and search for information.
- If an unusual episode occurs at home, film it and show it to your doctor.
- Learn to observe your body and the influence of external factors (noise, food, climate etc.) as well as internal factors (emotions, thoughts).

## **Psychosomatic Medicine**

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### **Additional medical information**

[www.neurosymbols.org](http://www.neurosymbols.org)  
[www.hirnstiftung.org](http://www.hirnstiftung.org) (in German)  
[www.fndhope.org](http://www.fndhope.org)