



ABOUT FUNCTIONAL NEUROLOGICAL DISORDER

By www.fndhope.org

Labeling is causing a great amount of confusion. One doctor may use the term **Functional Neurological Disorder** or **Functional Movement Disorder**, but then another may use **Conversion Disorder**. This leaves many confused on their diagnosis and struggling to find where they fit in. They individually mean different things; however, they are all labels for the same disorder.

What is Functional Neurological Disorder:

Functional Neurological Disorder provides an umbrella term for a variety of symptoms of apparent neurological origin but which current models struggle to explain psychologically or organically. Presentation may be similar to a wide range of other neurological conditions. FND/CD can be as debilitating as Parkinson's disease and MS and have many similar symptoms. The most common misconception is that patients are in control of some or all of their symptoms. The patient does not consciously produce functional symptoms. A patient with conscious control of their symptoms has a different diagnosis such as Feigning, Malingering, or Munchausen Syndrome.

Functional Neurological Disorder can present with any motor or sensory symptoms in the body including:

- [Chronic Pain](#)
- [Non-Epileptic Seizures](#)
- [Speech Problems](#)
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Chronic Pain

Chronic pain can be mild, excruciating, episodic, continuous, inconvenient or totally incapacitating. With chronic pain, signals of pain remain active in the nervous system for weeks, months, or even years. This can take both a physical and emotional toll on a person.

The pain may be simultaneously located in multiple areas:

- neck
- shoulder
- chest
- upper back
- arms
- hands
- lower back
- hip
- buttock
- pelvis
- leg
- foot
- right side of the body
- left side of the body

The intensity and type of pain may vary from day to day:

- aching
- deep
- shooting
- radiating
- tender
- pins and needles
- burning
- sharp
- dull

Non-Epileptic Seizures

Features of Non-Epileptic Seizures include:

- biting the tip of the tongue
- twitching in the arms and legs that lasts longer than 2 minutes
- have a gradual onset
- fluctuate in severity
- eyes are closed
- side to side head movements
- crying and/or screaming
- head neck and spine bent backwards
- strong thrusting of the hips

Speech Problems

APHONIA

Aphonia means the complete loss of the ability to speak. Aphonia can be a confusing and difficult disorder. Without your voice, you may feel helpless and even simple tasks like swallowing food may be painful. Treatment includes speech therapy and psychotherapy. A speech language pathologist will be able to help the patient relearn functional speech habits.



DYSPHONIA

A person's voice with dysphonia sounds labored, wheezy or constricted. Treatment includes speech therapy and psychotherapy. A speech language pathologist will be able to help the patient relearn functional speech habits.

STUTTERING

Stuttering is most commonly associated with involuntary sound repetition. The impact of stuttering on a person's functioning and emotional state is devastating.

This may include:

- fears of being caught stuttering in social situations
- self-imposed isolation
- shame
- anxiety
- feeling of loss of control during speech
- stress

The disorder is variable, which means that in certain situations the stuttering might be more severe or less, depending on the anxiety level connected with that activity.

DYSARTHRIA

Dysarthria is known as slurred speech

It is characterized by:

- poor pronunciation of words
- change in speed during talking
- mumbling
- change of rhythm during talking

Slurred speech may accompany other symptoms:

- balance problems
- dizziness
- depression
- difficulty walking
- headache
- difficulty swallowing
- blurred/double vision
- weakness
- muscle twitching
- difficulty with memory, thinking, talking, comprehension, writing or reading
- numbness or tingling
- spasms
- vision problems
- seizures
- fatigue
- muscle weakness

Involuntary Movements



RESTLESS LEG SYNDROME (RLS)

Restless Legs Syndrome is characterized by an irresistible urge to move one's body to stop odd uncomfortable sensations. It can affect the legs, arms, torso and head. Moving the affected body part provides temporary relief. Walking, stretching or yoga may relieve the symptoms. The sensations and the need to move may return immediately after stopping movement or at a later time.

Restless Leg Syndrome sensations are:

- Pain
- tickling
- numbness
- aching
- crawling
- itching
- pins and needles

These sensations typically occur when you are:

- relaxing
- studying
- reading
- trying to sleep

Some people experience minor annoyance while others experience significant impairments in quality of life.

DYSTONIA

Dystonia is characterized sustained muscle contractions that cause twisting and repetitive movements or abnormal postures.

Symptoms may also include:

- loss of muscle coordination
- stress
- dropping items
- poor concentration
- muscle pain and cramping
- blurred vision
- difficulty finding a comfortable position
- digestive problems
- trembling/spasming in the diaphragm while breathing
- short temper
- difficulty swallowing
- depression
- disturbed sleep
- blephrospasm (involuntary closing of the eyes)
- exhaustion
- hyperventilation



Treatment has been limited to minimizing the symptoms:

- Reducing the movements that trigger or worsen your dystonia
- getting plenty of rest
- reducing stress
- moderate exercise
- relaxation techniques

MYOCLONUS

Myoclonus is a sudden involuntary twitching or jerks of a muscle or a group of muscles. These twitches are caused by sudden muscle contractions or brief lapses of contractions. Contractions are called positive myoclonus and the relaxations are called negative myoclonus.

Myoclonic twitching/jerks may occur:

- alone
- without pattern
- many times each minute
- in sequence
- infrequently
- in a pattern

Severe cases of myoclonus can distort movement and severely limit a person's ability to sleep, eat, talk and walk.

TICS

A tic is a sudden, repetitive, nonrhythmic movement involving discrete muscle groups.

Examples of tics are:

- abdominal tensing
- shoulder shrugging
- facial grimacing
- toe crunching
- clapping
- head/arm/leg jerks
- eye blinking
- neck stretching
- head jerks
- mouth movements

There are several medications that are used in the treatment of tics.

TREMORS

A tremor is a rhythmic muscle contraction and relaxation involving to and fro movements of one or more body parts.



Tremors can affect the:

- hands
- arms
- eyes
- face
- tongue
- head
- trunk
- legs

Complications of tremors include:

- shaky voice
- difficulty writing or drawing
- problems holding and controlling utensils, such as a fork

Some tremors may be triggered by or become exaggerated during times of stress or strong emotion, when the individual is physically exhausted, or during certain postures or movements.

Paralysis/Weakness**PARALYSIS**

Paralysis is various forms of loss of mobility of the upper or lower limbs that are present without loss of reflex activity and in which no organic cause can be found.

FUNCTIONAL WEAKNESS

Functional weakness is weakness of an arm or leg due to the nervous system not working properly. People with functional weakness experience symptoms of limb weakness which can be disabling and frightening.

Other types of functional weakness are:

- heaviness down one side of their body
- dropping things
- feeling that a limb/part of the body is disconnected from them, doesn't feel normal or part of them

Functional weakness may also be called dissociative motor disorder. It often looks as if there has been a stroke or symptoms of multiple sclerosis. However, unlike these conditions, with functional weakness there is no permanent damage to the nervous system which means that it can get better or even go away completely.



Many people with functional weakness suffer from not being believed. People with functional weakness are as disabled and distressed by their symptoms as patients with multiple sclerosis.

Treatment includes:

- restoring nervous system function with gradual exercise and meditation
- manage fatigue
- manage pain
- manage depression

Headaches/Migraines

CHRONIC DAILY HEADACHE (CDH)

Chronic Daily Headache is defined as experiencing fifteen or more days with a headache per month. The treatments for CDH are vast and varied. Medicinal and non-medicinal methods exist to help patients cope with chronic headache, because chronic headaches cannot be cured. Whether pharmacological or alternative, treatment plans are created on an individual basis.

Suggested treatments for Chronic Daily Headaches include:

- medication
- physical therapy
- acupuncture
- relaxation exercises
- biofeedback
- dietary changes
- psychotherapy

TENSION HEADACHE

Tension headache pain can radiate from the lower back of the head, the neck, eyes, or other muscle groups in the body. Tension headache pain is often described as mild to moderate constant bilateral pressure. Episodic tension headaches are defined headaches occurring fewer than 15 days a month. Chronic tension headaches occur 15 days or more a month for at least 6 months. A typical tension headache lasts 4 to 6 hour but some can last from minutes to days, months or even years.

The causes of a Tension Headache are:

- stress
- sleep deprivation
- Uncomfortable position
- bad posture
- hunger
- eyestrain
- muscle tension around the head



There is a theory that the pain may be caused by a malfunctioning pain filter which is located in the brain stem. The view is that the brain misinterprets the information, for example, from the temporal muscle and interprets this signal as pain.

Treatments for Tension Headaches include:

- OTC medication
- Prescribed medication
- acupuncture
- chiropractic adjustments

MIGRAINES

Migraines are characterized by recurrent moderate to severe headaches often in association with a number of autonomic nervous system symptoms. Migraines are unilateral, pulsating and last from 2 to 72 hours.

Other symptoms include:

- nausea
- vomiting
- sensitivity to light
- sensitivity to sound
- pain is aggravated by physical activity
- an aura

Treatment includes:

- OTC medication
- prescription medication
- avoidance of triggers

The underlying causes of migraines are unknown. However, they are believed to be related to a mix of environmental, genetic factors and psychological conditions such as anxiety and depression.

Bladder/Bowel Changes

OVERACTIVE BLADDER (OAB)

Overactive Bladder is a urological condition. Several body systems must work together to control the bladder. Muscles are a vital part of the process along with brain signals. Nerves carry signals from the brain to tell the bladder when it is full and when it is time to urinate. If the brain is experiencing difficulty sending and receiving signals it is no surprise that these messages from the brain to the bladder may also be effected. Incontinence can often be treated.



The symptoms are:

- urgent need to urinate
- need to urinate more than 8 times a day
- waking up to urinate 2 or more times a night
- need to urinate even if you have just gone to the bathroom
- taking many trips to the bathroom only to urinate just a little bit each time
- leaking urine when you have the urge to urinate
- bedwetting

Frequent, strong, or urgent need to urinate with little to no warning can be a constant worry and very disruptive to your life. Quick urgency combined with mobility problems can lead to further complications if falls occur resulting in injuries such as broken bones. Patients occasionally find self-catheterization assists with urinary problems.

Other complications are:

- sleeping problems
- depression
- anxiety
- embarrassment

IRRITABLE BOWEL SYNDROME (IBS)

Irritable Bowel Syndrome, also known as Spastic Colon, has no known organic cause.

The symptoms are:

- chronic abdominal pain
- discomfort
- bloating
- diarrhea
- constipation
- alternating diarrhea and constipation

Even though there is no cure for IBS there are treatments that can help relieve symptoms.

These treatments are:

- dietary changes
- medication
- psychological therapy
- patient education

A good doctor-patient relationship can be most helpful when deciding how best to handle this situation.



Cognitive Changes

BRAIN FOG

Brain Fog is present most of the time, meaning it does not come and go. The term fog is used because it feels like a cloud is obstructing your mental clarity.

It is characterized by:

- confusion
- tiredness
- difficulty completing tasks
- forgetfulness
- difficulty thinking
- feeling spacey
- discouragement
- poor concentration
- depression
- difficulty focusing

The causes of Brain Fog include physical, emotional, biochemical factors and fatigue.

MEMORY LOSS

Memory loss is unusual forgetfulness. Poor concentration often occurs with memory loss. Memory loss for words is when you have difficulty finding the words you want to use or you call something by the wrong name for example, calling a stove a bathtub.

DISSOCIATIVE AMNESIA

The main symptom of this condition is memory loss that's more severe than normal forgetfulness and that can't be explained by a medical condition.

DEPERSONALIZATION

This is a sudden sense of being outside yourself, observing your actions from a distance as though watching a movie. The size and shape of things, such as your own body or other people and things around you may seem distorted.

Visual Changes

DIPLOPIA

Diplopia, known as double vision, occurs when you see objects duplicated in your vision rather than a single clear representation of each object.

Symptoms that may accompany diplopia are:

- balance difficulties
- difficulty reading
- blurred vision



- dry eyes
- halos seen around lights
- sensitivity to light
- nighttime vision
- bloodshot eyes
- headache
- nausea

PHOTOPHOBIA

Photophobia, also known as sensitivity to light, is the inability to tolerate light. In someone who is light sensitive, sunlight, fluorescent light or incandescent light can cause discomfort. Photophobia causes a need to squint, close the eyes, headache or nausea. Photophobia can trigger eye spasms or seizures.

Sensory Symptoms

ELECTRIC SENSATION

Electric Sensation is symptom that is difficult to describe, but is very common. Many have given it various names such as: vibration feeling, tuning forks, or most common is an electric current zinging. It is felt all over the body and/or only specific parts of the body such as the head, arm(s), etc. It can be felt also in varying degrees. Some have a mild version and find it annoying, but not painful. In some cases it is felt so intensely it has been described as:

” I feel as though I am being painfully and slowly electrocuted.”

Sleep Disturbances

INSOMNIA

Insomnia is defined by a persistent inability to fall asleep, difficulty staying asleep, poor quality of sleep or the inability to go back to sleep. It can be short term lasting up to three weeks or long term lasting more than three weeks. It can also come and go, with periods of time when a person has no sleep problems.

Insomnia is often followed by functional impairment while awake which can include:

- memory problems
- poor concentration
- depression
- irritability
- automobile related accidents
- anxiety



HYPERSOMNIA

Hypersomnia is characterized by recurrent episodes of excessive daytime sleepiness or prolonged nighttime sleep. It is different from feeling tired due to lack of sleep. People with hypersomnia are compelled to nap repeatedly during the day. These naps often occur at inappropriate times such as at work, during a meal, or in conversation. These daytime naps usually provide no relief from symptoms.

Symptoms include:

- irritability
- decreased energy
- restlessness
- slow thinking
- slow speech
- loss of appetite
- hallucinations
- memory difficulty

Gait/Balance Changes

GAIT

A gait disturbance is a deviation from the normal pattern of movement in walking. With the guidance of a Movement Disorder Specialist, physical therapists and occupational therapists can teach methods for compensating for gait disturbances. Remaining as physically active as possible helps to maintain muscle strength and independence. People with gait disturbances are often uncomfortable in public, afraid that they may fall and worried that others will not understand that their mobility problems are out of their control. A positive outlook and a good sense of humor are good tools to have.

FOOT/FEET DRAGGING

Foot or feet dragging occurs when body's sense of orientation and placement becomes distorted as sensory signals from the muscles to the brain also encounter disruption. Foot/feet dragging increases the risk of injury because it increases the likelihood of stumbling and falling. To help prevent stumbling and falling concentrate on lifting each foot completely from the surface with every step.

FREEZING

Gait freezing occurs when walking or attempting to walk and the person cannot move. It feels like your feet are anchored or rooted to the ground. It usually occurs when there is a change in the walking surface, such as going from a carpeted room to a tiled floor, approaching stairs or getting on or off an elevator. Anxiety about walking can increase the frequency of the freezing



episodes. The duration of a freeze varies from a few seconds to as long as several minutes. To cope with freezing episodes see the surface changes as obstacles that have to be stepped over.

START AND STOP HESITATIONS

Start and stop hesitations occur at the beginning or end of walking. In start hesitation, the person is in position to walk but cannot initiate movement. In stop hesitation, the person is walking and suddenly stops. Focusing on your movements will improve start/stop hesitations.

To cope with freezing and start/stop hesitations:

- Rock or sway your hips from side to side/left to right a couple of times. This allows you to shift the anchored/rooted feeling. Take a step forward as you are swaying your hips. You will find swaying your hips shifts your weight to one side which makes stepping forward easier. As you sway to left, your right foot has less weight bearing down on it so you would step forward with the right foot. (Sway to the left step with the right).
- Count out loud or to yourself as you take each step.

It's important not to over use this technique as the brain may become reliant, always try to move off naturally first.

BALANCE

A balance disturbance causes you to feel unsteady when you are sitting, standing, reaching, bending or walking. Balance occurs as the result of several body systems working together: the **visual** system (eyes), the **vestibular** system (ears) and **proprioception** (the body's sense of where it is in space). When your balance is impaired, you have difficulty standing upright. You may stagger, fall or not be able to stand.

Balance disturbances may be accompanied by:

- dizziness
- vertigo
- lightheadedness
- feeling woozy
- problems reading
- difficulty seeing
- disorientation
- nausea
- faintness
- fatigue
- anxiety
- poor concentration

Given the occurrence of these medically unexplained symptoms in patients with organic brain injury, spinal injury, post-anesthesia and post-viral illnesses, the modern term moves away from



psychodynamic theory and provides a useful label for what is a complex and little understood disorder.

Name Change: The additional parenthetical “functional neurological symptom disorder” has been introduced as it is more frequently used by neurologists who see the majority of these patients. Specialists who are current with research and understand the complexities of these symptoms are also moving away from the term Conversion Disorder. Conversion Disorder is more specific for those patients who can clearly define a psychological connection, which they are “converting” to their physical symptom. The majority of our Functional members do not relate to the “conversion theory”.

GUIDED SELF-HELP FOR FUNCTIONAL (PSYCHOGENIC) SYMPTOMS, A randomized controlled efficacy trialM. SHARPE, MD, J. WALKER, MBCHB, C. WILLIAMS, MD, J. STONE, PHD, J. CAVANAGH, MD, G. MURRAY, PHD, I. BUTCHER, PHD, R. DUNCAN, MD, PHD, S. SMITH, PHD AND A. CARSON, MD,
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