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# Diagnosis and Management of Functional Neurological Disorder (including Psychogenic Nonepileptic Seizures)

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**Introduction:** The DSM-5 shifted from the term "Conversion Disorder" to "Functional Neurologic Disorder (FND)." This change emphasizes the neurological nature of symptoms, focusing on their functional aspect rather than suggesting a psychological "conversion."

## **Clinical Presentation:**

- **Paralysis:** A patient may present with sudden onset of limb paralysis after a stressful event. However, tests reveal no structural abnormalities. They might also display inconsistent weakness, e.g., a patient might not be able to lift their arm but can still use it to push themselves out of a chair.
- **Psychogenic Nonepileptic Seizures (PNES):** A patient might describe seizures that don't correlate with typical postictal (post-seizure) signs like tongue biting or incontinence. The seizures might be longer and have atypical movements compared to epileptic seizures.
- **Functional Blindness:** A patient might report sudden blindness after witnessing a traumatic event. However, reflex actions like blinking to a threat remain intact.

**Diagnosis:** A thorough medical and neurologic evaluation is imperative to exclude organic causes.

- **EEG:** Crucial for distinguishing PNES from epileptic seizures. PNES won't show abnormal brain activity associated with epilepsy.
- **EMG:** Especially valuable when assessing a patient complaining of paralysis. A lack of electrical activity can help confirm the diagnosis.
- **Evoked Potentials:** For example, a patient might claim blindness, but their pupils still respond to light stimulus, indicating brain activity.
- **CT/MRI:** In the context of a patient with seizures, normal scans can rule out lesions or structural causes.

**Etiology:** Though the exact causes remain unclear, individuals with FND often have a history of traumatic events, depression, or anxiety. In cultures where mental health is stigmatized, physical manifestations of emotional distress can be more prevalent.

## **Management:**

- **CBT:** For instance, a patient with PNES might be trained to identify triggers or emotions that precede a seizure, giving them tools to intervene or seek a safe environment.
- **Medication:** Consider prescribing SSRIs to a patient whose FND symptoms worsen with their coexisting anxiety.
- **Psychoeducation:** A PNES patient, when educated about the distinction between their seizures and epileptic ones, might report reduced frequency or severity.
- **Mindfulness and Relaxation:** A patient with functional pain might find symptom relief through guided progressive muscle relaxation.
- **Medication Reevaluation:** A patient mistakenly diagnosed with epilepsy and given antiepileptic drugs for PNES will need these medications gradually withdrawn.
- **Emerging Treatments:** For example, a patient might undergo hypnotherapy sessions, where the therapist guides them in revisiting traumatic events to alter their emotional response.