

FUNCTIONAL NEUROLOGICAL SYMPTOMS

If it looks like a duck. If it quacks like a duck ...why is it not a duck

Functional Neurological Symptoms (FNS) can be wide ranging and look the same as those symptoms caused by neurological illnesses like seizures, spasms and limb weakness. Despite looking like a neurological disorder we know they are not caused by typical neurological diseases (such as epilepsy or multiple sclerosis) but equally they are not 'imagined' by the sufferer.

FNS or Functional neurological disorder (FND) as its sometimes called is also known by different names or older terms (such as conversion, dissociative, psychogenic, pseudoseizures). People with FNS will experience at least one symptom that disrupts movement (e.g. Seizure, tremor) and / or their senses (e.g. numbness, visual disturbance, pain).

FNS are not caused by typical physical disease or damage to the structure or 'wiring' of the brain or nervous system. Instead they are due to how the body and the mind are interacting. Generally symptoms are generated when changes occur in sending/receiving signals between the body and the mind therefore we call them a functional disorder because the person's nervous system is not functioning as it should. This is different to neurological diseases where the problems with the brain and mind are mostly due to damage to the structure or wiring of the brain and nervous system and is therefore a structural problem.

HARDWARE VS SOFTWARE EXPLANATION

Let's compare FNS with a computer - this can be a good way to explain it to others. Computers can stop working or even "crash" because of:

- Hardware problems - damage to the physical computer, like neurological damage to the brain.
- Software problems - errors or overload to the computers processes and programs, like FNS and neuropsychological processes.

If your PC or mobile has crashed on you, you will know software problems are real and disabling, just like FNS. Software (like Functional) problems happen for many reasons including:

- The type of PC
- The type of programs you're running
- The PC being left on too long
- Stressing the PC by keeping too many programs open at the same time

When we translate this into humans and FNS this can include problems with:

- Type of brain – influenced by genetics, early development, injury
- Type of learning experience - illness, family, life events, memories
- Sleep problems
- Energy resources - diet, overworked, lack of support, worry, depression.
- Active physical and emotional stress - could be in the past and "on the back burner"
- Physical or emotional pain
- Having difficult experiences, especially adverse childhood ones such as bad memories, receiving difficult information, dealing with challenging dilemmas at work /school, health and family that put pressure on the brain, body and mind.

Like computers, mind and brain can also crash, glitch, shutdown or revert to "safe mode". By the time a person receives a diagnosis of FNS it's usually



been a long and bewildering journey via GP, A&E and non-neurological doctors without a clear diagnosis or being told they cannot find anything wrong. Symptoms can range from mild and intermittent to constant and severe; it can therefore be very confusing to be told the symptoms are "psychological". We may tend to view psychological as "all in the head", "not real" or "madness".

Neurologists can carry out tests and physical examinations, for example, epilepsy are usually associated with changes to brain waves measured on a test called EEG. Non-epileptic seizures, a common FNS, do not have these brain wave changes. Alongside the above investigations the neurologist will use evidence from history taking and symptom patterns to rule different causes in or out.

Sufferers receiving a confirmed diagnosis of FNS or Functional Neurological Disorder (FND) can have a mixture of relief (e.g. initial fears of stroke or MS are ruled out) to feeling confused or angry at being dismissed or feeling accused of "making it up"; some people may even doubt themselves fearing they are "going mad".

The good news is that compared to other neurological diseases, there is good potential for recovery. Learning and understanding the diagnosis is paramount to the sufferer's acceptance which can allow people to cope with symptoms and find ways to reduce or completely regain control of their symptoms. Sometimes recovery can happen without the need for treatment.

Unfortunately, at present, there is no specific treatment services for FNS in Northern Ireland. Instead people who need treatment will access various services from Neurology and hospital services and then, if required, may get support from community physiotherapy, occupational therapy, social work, psychological support and /or community support services.

Written by Maureen McMillan Cognitive Behavioural Psychotherapist. With thanks to Dr Nigel Lyttle (Neuropsychology services, Belfast Health & Social Care Trust).

FURTHER SOURCES OF SUPPORT:

- www.neurosymbols.org - a really useful source of information run by a neurologist.
- <https://web.nth.nhs.uk/selfhelp>
- www.nonepilepticattacks.info
- www.fndhope.org - patient support organization to support patients with FNS.

PPRT is based at Maryfield, Holywood and provides psychological therapies, physiotherapy, personal development and training to the retired police population. PSNI employees can access our healthcare services via referrals from PSNI occupational health. Serving officers can access personal development and training directly.

Contact PPRT on Telephone: 028 9042 7788 | Email: servicesadmin@prrt.org | Website: www.prrt.org
Find us on LinkedIn, Twitter and Facebook



Rehabilitation and
Retraining Trust