

Functional Neurological Disorder: An Overview

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Editorial

Functional Neurological Disease (FND) is a widespread and disabling condition that can be difficult to treat, especially in adults. FND is frequently treated with psychological therapy. In recent years, outcome research on psychological therapy for FND has increased, although no systematic evaluation has been done since 2005. This study will add to that by assessing the evidence for individual outpatient cognitive behavioural and psychodynamic psychotherapies for FND. Prospective studies of individual outpatient psychotherapy for FND with at least five adult participants were extensively sought in medical databases. A uniform assessment technique was used to assess the methodological quality of the studies [1].

For illustration purposes, the results were synthesised and effect sizes computed. The search approach turned up 131 research, 19 of which were relevant and eligible for inclusion: 12 studies on Cognitive Behavioural Therapy (CBT) and 7 papers on Psychodynamic Therapy (PDT). Eleven of the investigations were pre-post, while the other eight were randomised controlled trials [2]. Rather than recruiting all FND presentations, most research focused on a particular symptom-based subgroup. When effect sizes were calculated, both CBT and PDT revealed medium-sized advantages for physical symptoms, mental health, well-being, function, and resource utilisation. Although the paucity of high-quality controlled trials of PDT is a serious restriction, as is the lack of long-term follow-up data in the bulk of reported CBT trials, the outcomes were largely comparable between the two therapy approaches. In conclusion, both CBT and PDT appear to have the potential to help people with FND, while more research is needed [3].

FND is a condition that exists at the crossroads of neurology and psychiatry. In people with FND, standard diagnostics including MRI brain scans and EEGs are frequently normal. As a result, physicians and researchers have generally given the illness a low priority. However, it is now known that FND is a prevalent source of impairment and distress, and that it can coexist with other issues including chronic pain and exhaustion. Several promising research suggest that FND may be reversible with the right treatment. New scientific discoveries are influencing how patients are identified and treated, resulting in a shift in public perception of people with FND [4].

Since the mid-2000s, older beliefs that FND is "all psychological" and that the diagnosis is only made when someone has normal testing have evolved. FND is not an exclusionary diagnosis, according to current research, including modern neuroscientific studies. It has distinct clinical symptoms and is a dysfunction of nervous system function that necessitates many views. These differ greatly from one person to the next. Psychological aspects are significant to some people, but not to others [5,6].

Dissociative and attentional mechanisms, as well as neuroplastic changes in emotion processing and agency perception, are among the current

hypotheses for FND. Preconscious emotional responsiveness, affective arousal, disrupted affect regulation, and altered interoception of bodily emotional responses are thought to contribute directly to the generation of FND symptoms in people with FND, via limbic influences on awareness and control of sensory, motor, and behavioural functions, with early or prolonged psychosocial adversity being a common driver of these alterations. Behavioral (e.g., avoidance) and cognitive (e.g., symptom-focused attention) aspects are also suggested to play a role in perpetuating the illness [7].

All varieties of FND are normally treated with psychological therapy, with different therapies focusing on different aspects of the disorder's development and maintenance. Psychodynamic Treatment (PDT) and Cognitive Behavioural Therapy (CBT) are the two basic forms of therapies (CBT) [8].

There are various different 'brands' of PDT, each with its own emphases, but all of them have a number of common intervention components, which are referred to as PDT below. All of them attempt to link FND symptoms to past and present emotional and interpersonal problems and experiences. The ability to acknowledge, accept, and communicate about challenging events, as well as the ability to handle accompanying stressors, is a fundamental goal in each circumstance. There is a substantial theoretical literature on the psychodynamic treatment of FND, which can be traced back to Freudian psychoanalysis and related techniques in the end (Example: Janet) [9].

Conflict of Interest

None.

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