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Functional or psychogenic: What's the better name?

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We are pleased to see that functional/psychogenic movement disorders are gaining broader recognition within the Movement Disorders field, as they are very common issues in daily practice. We have welcomed the recent change in the naming convention from “psychogenic” towards “functional” by many authors in the field (as well as DSM-V) and fully agree with the arguments brought forward by Edwards, Stone and Lang in their proposal [1].

It is well recognized that not all patients have psychopathology or a history of a traumatic event which appears to be related to their movement disorder [2] and this is acknowledged by Drs. Fahn and Olanow in their commentary [3]. As stated, a psychological factor does not need to be present in order to make the diagnosis. Drs. Fahn and Olanow however strongly argue in favor of the use of “psychogenic”, therefore trying to reestablish the mind/body dualism that the term “functional” seeks to avoid. Psychological causes certainly play a role in pathogenesis in many cases, but the etiology is more complex than the mentioned example of PTSD, which by definition requires a preceding traumatic event. Recent neuroimaging studies have begun to shed a light on a deeper understanding of these conditions and it appears preferable to use a neutral term such as “functional” to encourage further research efforts.

Drs. Fahn and Olanow furthermore argue that the term “psychogenic” is well accepted as long as the diagnosis is conveyed “tactfully” to the patient. The word “tact/tactfully” is in fact used five times in their article, which makes one wonder why it should be necessary to use more tact when giving this particular diagnosis than any other diagnosis with uncertain etiology. A commonly used approach is suggested of telling the patients first what they don't have, and after a lengthy discussion mentioning the term “psychogenic” almost as an afterthought. As recently suggested by Dr. Stone [4], it appears to be more appropriate to

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start the conversation by naming the condition (“you have a functional movement disorder”), subsequently explaining how the diagnosis was reached and laying out treatment plans, just as we do it for other complex disorders such as multiple sclerosis. A major problem in treating patients is the first step, their acceptance of the diagnosis. Many patients are unwilling to accept “psychogenic” and the patient moves on to the next neurologist. Functional is better accepted, and, of course, possible psychological aspects of the etiology can certainly be introduced as appropriate as part of the discussion with the patient.

A multimodal treatment approach with a focus on physical therapy [5] in addition to psychological interventions appears to be more effective than psychotherapy alone although better designed prospective studies are urgently needed. Other approaches may be developed as well. Let's hope that the “fight for the right name” will not stand in the way of getting our patients what they need most: attention, compassion, understanding and collaborative efforts in order to reach better treatment outcomes.

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References

1. Edwards MJ, Stone J, Lang AE. From psychogenic movement disorder to functional movement disorder: It's time to change the name. *Mov Disord.* 2013
2. Kranick S, Ekanayake V, Martinez V, Ameli R, Hallett M, Voon V. Psychopathology and psychogenic movement disorders. *Movement Disorders.* 2011; 26:1844–1850. [PubMed: 21714007]
3. Fahn S, Olanow C. “Psychogenic Movement Disorders”: They are what they are. *Movement Disorders.* 2014
4. Stone J, Carson A, Sharpe M. Functional symptoms in neurology: management. *J Neurol Neurosurg Psychiatry* 76 Suppl. 2005; 1:i13–21.
5. Czarnecki K, Thompson JM, Seime R, Geda YE, Duffy JR, Ahlskog JE. Functional movement disorders: successful treatment with a physical therapy rehabilitation protocol. *Parkinsonism Relat Disord.* 2012; 18:247–251. [PubMed: 22113131]