Published in final edited form as:

Mov Disord. 2014 November ; 29(13): 1698–1699. doi:10.1002/mds.26035.

Functional or psychogenic: What's the better name?

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Keywords

Psychogenic movement disorders; functional movement disorders

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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Financial Disclosures/Conflicts of Interest:

Kathrin LaFaver: None.

Mark Hallett: None.

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.

Acknowledgments

Financial Disclosures

Dr. LaFaver received honoraria from US World Meds. Dr. Hallett serves as Chair of the Medical Advisory Board for and receives honoraria and funding for travel from the Neurotoxin Institute. He may accrue revenue on US Patent #6,780,413 B2 (Issued: August 24, 2004): Immunotoxin (MAB-Ricin) for the treatment of focal movement disorders, and US Patent #7,407,478 (Issued: August 5, 2008): Coil for Magnetic Stimulation and methods for using the same (H-coil); in relation to the latter, he has received license fee payments from the NIH (from Brainsway) for licensing of this patent. He is on the Editorial Board of 20 journals, and received royalties from publishing from Cambridge University Press, Oxford University Press, John Wiley & Sons, Wolters Kluwer, Springer, and Elsevier. He has received honoraria for lecturing from Columbia University. Dr. Hallett's research at the NIH is largely supported by the NIH Intramural Program. Supplemental research funds have been granted by the Kinetics Foundation for studies of instrumental methods to monitor Parkinson's disease, BCN Peptides, S.A. for treatment studies of blepharospasm, Medtronics, Inc., for studies of deep brain stimulation, Parkinson Alliance for studies of eye movements in Parkinson's disease, Merz for treatment studies of focal hand dystonia, and Allergan for studies of methods to inject botulinum toxins.

Authors Roles:

Kathrin LaFaver: Writing of the first manuscript draft

Mark Hallett: Review and Critique of the manuscript

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