

Remote treatment for Functional Neurological Disorder



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Introduction

- Functional neurological disorder (FND) is a common presentation in neurology clinics¹, causing a significant disability and economic burden².
- Given the complexity and multifaceted presentation of FND, a collaborative and multidisciplinary approach towards FND management is apt³.
- Queen Square, London experts developed a CBT based, Guided Self Help (QGSH) model, in preparation for MDT inpatient management.

Aims

- To ascertain feasibility and acceptance of QGSH model, in an Exonian cohort of FND.
- Pilot a stand-alone version of QGSH, without admission and explore requisite modifications.

QGSH Module Contents

No.	Module	Homework
1	Introduction FND	Self-assessment of symptoms
2	Introduction: Body, stress & symptoms	Symptom variation diary
3	Goal setting	Advantages of goal setting
4	5 Areas Introduction	Record of unhelpful thoughts
5	5 Areas Approach	CBT worksheet
6	Anxiety and FND	Thoughts, Feelings diary
7	Mentalising for FND	Mentalisation exercises
8	Fatigue and Pain	Pain diary
9	Mood problems	Identify automatic thoughts
10/11	Medication and Avoidance	Identify Avoidance

Method

- Consecutive patients in Exeter FND service, between Feb. to June 2020 offered QGSH.
- Exclusion criteria: primary mental disorder, drug/alcohol misuse/ risk of self-harm/suicide.
- Structured feedback at conclusion.

Pre and post intervention Questionnaires

Patient Health Questionnaire 9 (PHQ 9)
Generalised Anxiety Disorder 7 (GAD 7)
European Quality of Life Scale (EQ-5D-5L)
Locally designed Symptoms Questionnaire

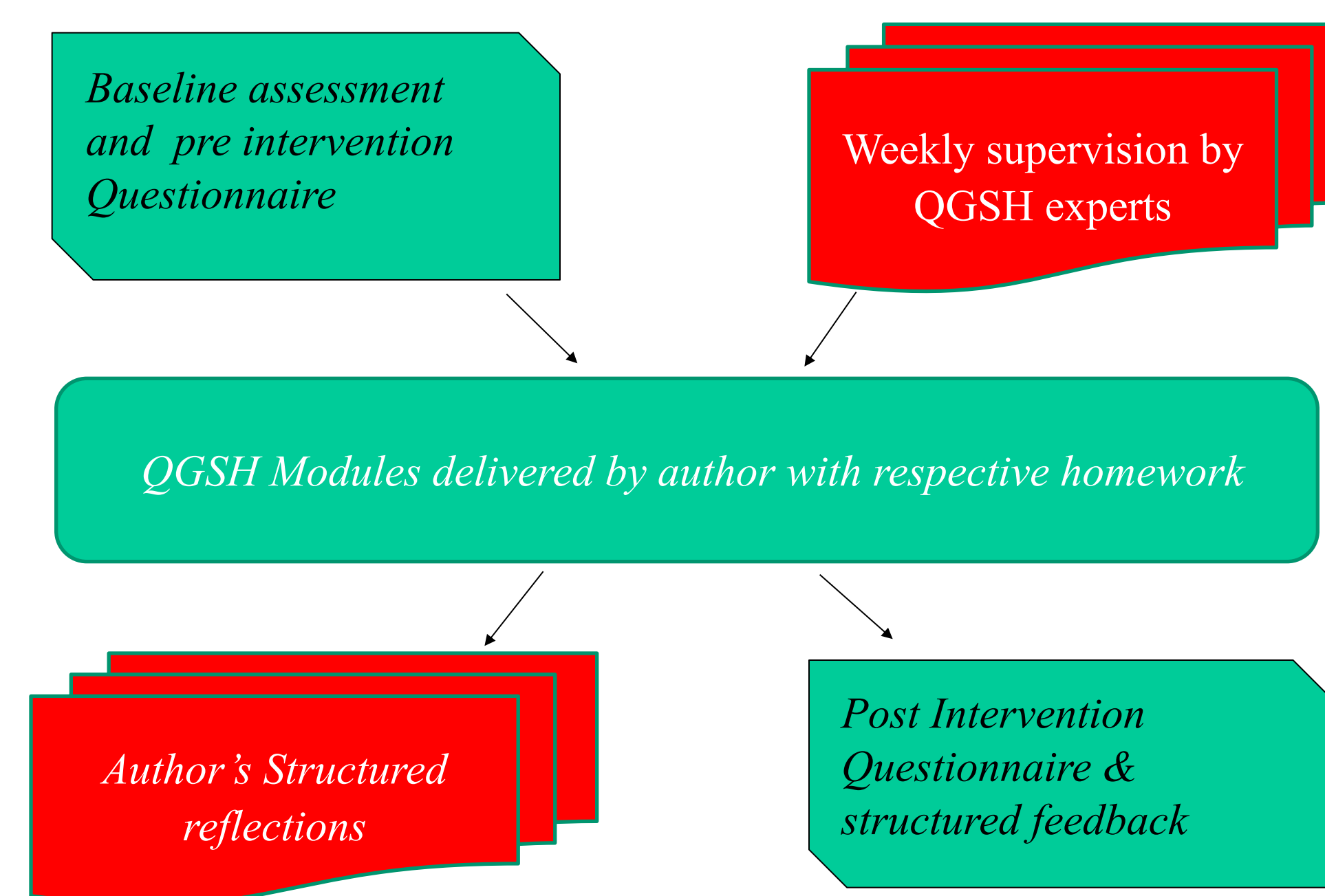
Challenges

Lack of IT skills
Avoidance
Pacing and sequence
Impact of Covid Pandemic

Limitations

Small sample
Heterogeneity
Self reporting
Covid confounder

Steps in QGSH intervention



Results

- Three patients with varied FND recruited.
- Quality of life and psychiatric comorbidity compared before & after intervention in Table 1.
- First Patient: elderly with poor IT skills; modified audible/reading for; felt better; left after module 2.
- Second: engaged partially; left after module 3 citing adverse circumstances due to pandemic.
- Third: completed QGSH, citing great benefit.

Table 1: Comparison of pre/post-intervention measures

	Patient 1		Patient 2		Patient 3	
	Baseline	Post QGSH	Baseline	Post QGSH	Baseline	Post QGSH
PHQ 9	4	5	3	7	13	8
HAD 7	5	2	0	4	14	7
EQ-5D-5L:						
Mobility problems	Moderate	Slight	Slight	Slight	Slight	Slight
Self-care problems	None	Slight	None	None	Moderate	Slight
Problems with Usual activities	Moderate	Slight	None	Slight	Moderate	Moderate
Problems with Pain or discomfort	Moderate	Moderate	Slight	None	Slight	Slight
Problems with Anxiety Depression	Moderate	Slight	Slight	Slight	Slight	Moderate

Excerpts from patient feedbacks

"took the bus on my own, first time in 3 years and photographed country side.... ..came home feeling rejuvenated!"

"the graphics and presentation could be better..."

"If, like me, participants have distracting and stressful demands on their time they may not be able to engage. Need time and headspace."

Authors reflections on stand alone model of QGSH

- Address expectations at the contracting stage
- Introduce a module on engagement/motivation
- Introduce additional options e.g. audible format
- Sequence and pace modules on individual basis
- Enhance graphics and presentation as per feedback

Conclusions

- QGSH is feasible as a stand-alone therapy.
- Suggested modifications may enhance retention.
- Further studies required to study cost benefit.

References

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