

## FUNCTIONAL (PSYCHOGENIC) DISORDERS

Virtually all movement disorders including tremor, tics, dystonia, myoclonus, chorea, ballism, and parkinsonism can be psychogenic in origin. The term *functional neurological symptom disorder (FND)/conversion disorder* has been suggested to replace the term *psychogenic disorder* in order to remove the criterion of psychological stress as a prerequisite for diagnosis; however, the terminology remains controversial and both terms are used. A diagnosis can be made by identifying neurologic signs that are specific to FNDs without reliance on psychological stressors or suggestive historical clues. Tremor affecting the upper limbs is the most common psychogenic movement disorder. Psychogenic movements can result from a somatoform or conversion disorder, malingering (e.g., seeking financial gain), or a factitious disorder (e.g., seeking psychological gain). Functional movement disorders are relatively common (estimated to be 2–3% of patients seen in a movement disorder clinic), more frequent in women, disabling for the patient and family, and expensive for society. Clinical features suggesting a functional or psychogenic movement disorder include an acute onset with a pattern of abnormal movement that is inconsistent with the phenotype of a known movement disorder. Diagnosis is based on the nonorganic quality of the movement, the absence of findings of an organic disease process, and positive features that specifically point to a functional illness such as variability and distractibility. For example, in a functional or psychogenic disorder, the magnitude of tremor is increased with attention and diminishes or even disappears when the patient is distracted by being asked to perform a different task or is unaware that he or she is being observed. This is the opposite of what is seen with an organic tremor where the magnitude of tremor is increased with distraction and tends to be reduced when observed. Other positive features suggesting a psychogenic problem include variable tremor frequency, entrainment of frequency with the frequency of a designated movement in the contralateral limb such as tapping, and a response to placebo interventions. Associated features can include nonanatomic sensory findings, give-way weakness, astasia-abasia (an odd, gyrating gait or posture) ([Chap. 26](#)), and multiple somatic