SYLLABUS

TC27: Diagnosis of Psychogenic Movement Disorders

Sunday, November 13, 2011 07:00 – 08:00 Hall D

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SMN SOCIETE MAROCAINE DE NEUROLOGIE

WCN Education Program

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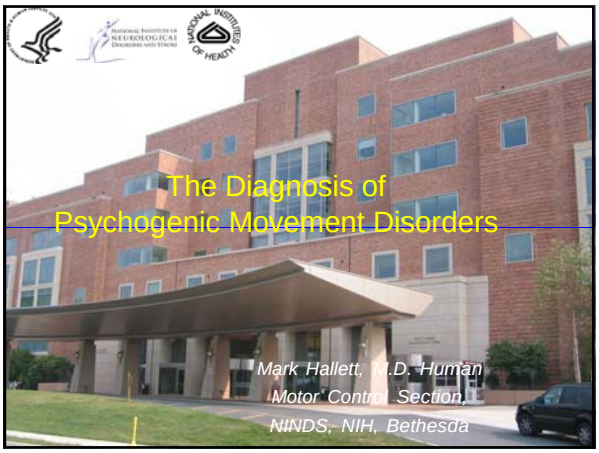
07:00-08:00

DIAGNOSIS OF PSYCHOGENIC MOVEMENT DISORDER

Chairperson: **Mark Hallett**, *USA*

DIAGNOSIS OF PSYCHOGENIC MOVEMENT DISORDERS

Mark Hallett, *USA*



Psychogenic movement disorders

- Movement disorders of presumed psychiatric etiology
- Psychiatric classification
  - Somatoform disorder
    - Conversion disorder
    - Somatization disorder
  - Factitious disorder
  - Malingering

Conversion disorder

- An unconsciously produced symptom presumably resulting from a psychological disorder.
  - The psychological disorder is converted into the symptom as a way of dealing with the disorder
  - This is the "primary gain" of conversion
  - "Secondary gains" are the benefits of being sick

Somatization disorder

- Recurrent and multiple complaints of several years' duration (beginning before 30) which has sought; dynamics similar to conversion
- Must have multiple symptoms

Factitious disorder

- Symptoms are intentionally produced (voluntary) because of a psychological need
- Includes Munchausen's syndrome

Malingering

- Symptoms that are voluntarily produced for a specified goal such as financial compensation, avoidance of work, evasion of criminal prosecution or acquisition of drugs
- NOT considered a mental disorder

Diagnosis of Factitious or Malingering Disorders

- How to tell a voluntary movement when the patient claims that it is involuntary

  How tell a is
- A challenge!
  - Secret surveillance

Concurrent Psychiatric Disorder

- Depression
- Anxiety
- Personality Disorder (histrionic personality?)
- La belle indifference
  - Inappropriate absence of distress despite an unpleasant symptom

Biopsychosocial Model

- Etiology of PMD is really multifactorial and psychiatric diagnoses are currently incomplete and crude

  Basic biology stress responsivity
- Psychologic factors—depression, anxiety
- Social factors—physical and emotional trauma; childhood abuse

Overlap of Neurologic Disorders and Psychogenic Movement Disorders

- 10-15% of patients with psychogenic movement will a neurological disorder also

Movement Clues suggesting a Psychogenic Movement Disorder

- Abrupt onset, spontaneous remissions
- Inconsistent movements (variable pattern, severity, and body distribution)
- Mixture of types of movements
- Decrease or disappear with distraction
- Paroxysmal
- Response to placebo, suggestion or psychotherapy
- Incongruous movement (e.g., bizarre gait, marked slowness, excessive startle)

Other Clues suggesting a Psychogenic Movement Disorder

- False weakness or sensory loss
- Multiple MUS
- Self-inflicted injury
-
- Psychiatric disorder and secondary gain
- Marked fatigue
- Disability out of proportion to signs
- Pending litigation
- Employed in the health profession

Suggestibility

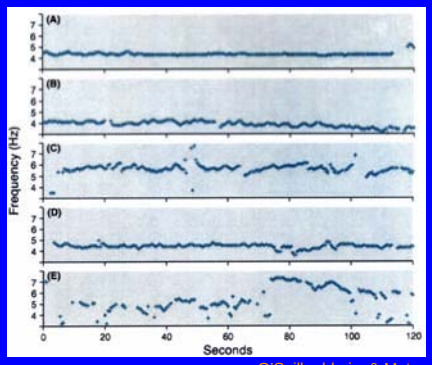
Psychogenic tremor: clinical features

- Complex movements
- Present at rest, posture and action
- Variability of frequency, direction, amplitude
- Absence of finger tremor
- Entrainment or alteration with rhythmic tapping of another body part

Psychogenic tremor: physiological features

- Entrainment or substantial alteration with rhythmic tapping of another body part
- Exact same frequency in different limbs
- Interruption of tremor with quick movement of another limb

Physiological Analysis of Tremor



PD

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PD

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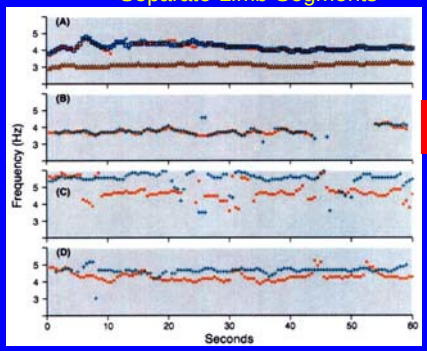
PSY

O'Suilleabhain & Matsumoto 1998

Physiological Analysis of Tremor Separate Limb Segments



PD

Common in PSY tremor

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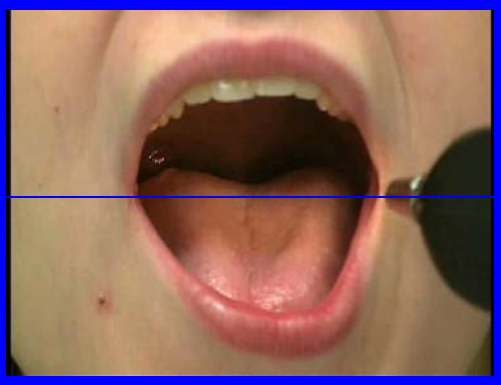
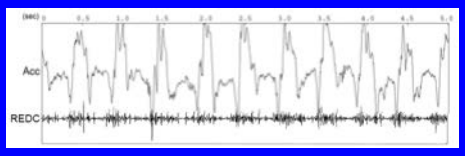
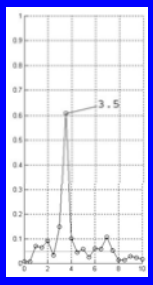
O'Suilleabhain & Matsumoto 1998

A case of palatal tremor





When tapping with the right 3rd finger, the palatal tremor (as measured with an accelerometer on the neck) was entrained.



Coherence could be demonstrated, here at 3.5 Hz.

Available online at www.sciencedirect.com
SCIENCE DIRECT
Neuroscience Letters
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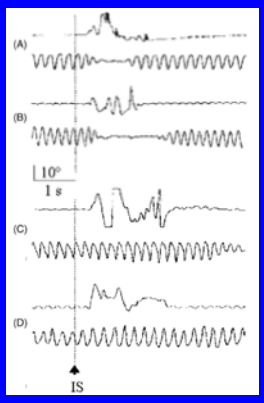
Transient arrest of psychogenic tremor induced by contralateral ballistic movements

Hatice Kumru, Josep Valls-Solé*, Francesc Valldeoriola, Maria José Martí, Maria Teresa Sanegre, Eduardo Tolosa



Normal Repetitive Movement

Psychogenic Tremor

Parkinson Tremor

Essential Tremor

Kumru et al. 2004

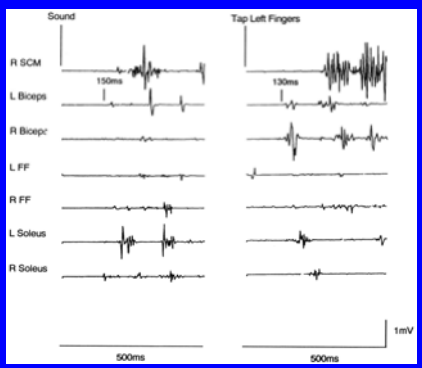
Psychogenic myoclonus: Clinical features

- Clinical features incongruous with “organic myoclonus”
  - Long and/or variable latency for stimulus induced jerks
  - Anticipatory jerks that can be demonstrated by stopping the tendon hammer just short of contact
- Exaggerated startle

Psychogenic myoclonus: Physiological features

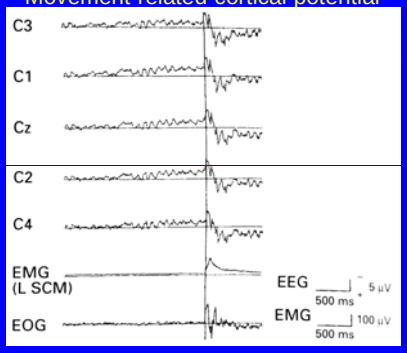
- Variable latencies to the onset of stimulus induced jerks
- Greater latencies than that seen in reflex myoclonus of cortical or brainstem origin
- Latencies longer than the fastest voluntary reaction time of normal subjects
- Variable patterns of muscle recruitment within each jerk
  - Thompson et al. 1992
- Normal looking BP prior to the jerk
  - Terada et al. 1995

Psychogenic Myoclonus



Thompson et al. 1992

Psychogenic Myoclonus:
Movement related cortical potential



Terada et al. 1995

Psychogenic Parkinsonism: Clinical Features

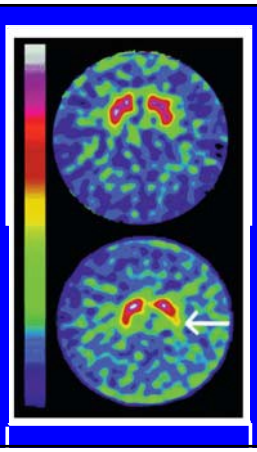
- Extreme slowness
- Tremor at rest that does not improve with
- Sudden onset, maximum disability early
- Gegenhalten rather than true rigidity

Psychogenic gait disorder: Freezing

Courtesy of P. Thompson

[123]-FP-CIT SPECT images

Benaderette et al. 2006



Psychogenic Parkinsonism

Idiopathic Parkinson Disease

Gait Disorders

- Often bizarre patterns
- One clue is that the patient's balance is demonstrated be better claimed

How do you make a definitive diagnosis?

- Do you just refer to psychiatry?

Only a neurologist can make the diagnosis of a psychogenic movement disorder.

A psychiatrist cannot do this easily; the role of psychiatry is to identify the underlying psychiatric disorder and help treat it.

Treatment Considerations

- How to tell the patient what's wrong
  - Not easy
  - Not one method for all cases
  - We use the term "functional"
- Psychiatry for psychotherapy and pharmacotherapy as appropriate
- Hypnosis, role for placebo?
- Rehabilitation

It is important to recognize that PMD may be only one manifestation of underlying psycho-social problems

Even if the movement disorder is better, there might well be a different conversion or medically unexplained symptom.