Psychogenic Movement Disorders and Other Conversion Disorders
Psychogenic Movement Disorders and Other Conversion Disorders

Edited by

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## Contents

List of contributors  page vii  
Preface  xi

### Section 1. Clinical issues

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to the psychiatry of conversion disorders</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Fred Ovsiew</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Phenomenology of psychogenic movement disorders</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Anthony E. Lang</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Psychogenic parkinsonism</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Joseph Jankovic and Christine Hunter</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Epidemiology and clinical impact of psychogenic movement disorders</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Alan J. Carson, Jon Stone, and Michael Sharpe</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The Scottish Neurological Symptoms Study: diagnoses, characters, and</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>prognosis in 1144 new neurology outpatients with symptoms unexplained</td>
<td></td>
</tr>
<tr>
<td></td>
<td>by disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jon Stone, Alan J. Carson, and Michael Sharpe (on behalf of the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SNSS collaborators</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Predisposition and issues of mixed etiology in psychogenic movement</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Robert Cloninger</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Psychogenic movement disorders in children</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Joseph M. Ferrara and Joseph Jankovic</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Childhood disorders: another perspective</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Kelly M. Isaacs, Matthew D. Johnson, Erica Kao, and Donald L. Gilbert</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Clinical features and treatment outcome of conversion disorders in</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>children and adolescents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teresa Bennett, Patricia I. Rosebush, and Michael F. Mazurek</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Somatoform disorders and psychogenic movement disorders</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Michael Sharpe, Jon Stone, and Alan J. Carson</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Psychogenic non-epileptic seizures</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>W. Curt LaFrance, Jr.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Hypochondriasis and its relationship to somatization</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Arthur J. Barsky</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Movement disorders in complex regional pain syndrome: the pain</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>field perspective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jacobus J. van Hilten and Johan Marinus</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Psychogenic dystonia in psychogenic complex regional pain syndrome</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>José L. Ochoa</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Latah and related syndromes</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>Philip D. Thompson</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Trauma and dissociation: clinical manifestations, diagnosis,</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>epidemiology, pathogenesis, and treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bethany Brand, Amie Myrick, Vedat Sar, and Ruth A. Lanius</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Psychogenic movement disorders: illness in search of disease?</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>Peter W. Halligan</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Possible genetic approaches to conversion</td>
<td>134</td>
</tr>
<tr>
<td></td>
<td>Torsten Klengel and Elisabeth B. Binder</td>
<td></td>
</tr>
</tbody>
</table>

### Section 2. Physiology

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Functional brain imaging of psychogenic paralysis during conversion</td>
<td>143</td>
</tr>
<tr>
<td></td>
<td>and hypnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patrik Vuilleumier and Yann Cojan</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Action control in conversion paralysis: evidence from motor imagery</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>Karin Roelofs, Ivan Toni, and Floris P. de Lange</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Imaging in psychogenic movement disorders</td>
<td>168</td>
</tr>
<tr>
<td></td>
<td>Valerie Voon and Mark Hallett</td>
<td></td>
</tr>
</tbody>
</table>
Contents

22. Imaging in hysterical, hypnotically suggested, and malingered limb paralysis 173
   David A. Oakley, Quinton Deely, Vaughan Bell, and Peter W. Halligan

23. Functional imaging of psychogenic and feigned weakness 180
   Graeme D. Hammond-Tooke, Alexandra Sebastian, Jill Oliver, James Fulton, Richard Watts, and Elizabeth E. Franz

24. An fMRI study of recall of causal life events in conversion disorder: preliminary evidence of increased orbitofrontal and parietal activation 184

25. Cortisol, trauma, and threat vigilance in patients with psychogenic non-epileptic seizures 187
   Patricia Bakvis and Karin Roelofs

26. Components of voluntary action 189
   Elisa Filevich and Patrick Haggard

27. Action selection in psychogenic movement disorders 196
   Christina A. Brezing, Valerie Voon, and Mark Hallett

28. Insights from physiology: tremor and myoclonus 199
   John C. Rothwell

29. Physiology of psychogenic dystonia 205
   Robert Chen and Alfredo Berardelli

30. Evoked potentials in the assessment of patients with suspected psychogenic sensory symptoms 209
   Alan D. Legatt

31. Characterizing and assessing the spectrum of volition in psychogenic movement disorders 217
   Fatta B. Nahab and Bonnie E. Levin

Section 3. Assessment

32. Rating scales for psychogenic movement disorders 225
   Christopher G. Goetz and Vanessa K. Hinson

33. Quality of life in psychogenic disorders: the cause, not the effect 231
   Lisa M. Shulman

34. Psychiatric testing 235
   Karen E. Anderson

35. Diagnostic considerations for the assessment of malingering within the context of psychogenic movement disorders 240
   Richard Rogers and Chelsea Wooley

Section 4. Treatment

36. Prognosis in patients with psychogenic motor disorders 249
   Christopher Bass

37. Psychogenic movement disorders: explaining the diagnosis 254
   Jon Stone, Alan J. Carson, and Michael Sharpe

38. Patterns of practice: report of the Movement Disorder Society questionnaire 267
   Alberto J. Espay and Anthony E. Lang

39. Psychotherapy for psychogenic movement disorders 275
   Michael Sharpe, Jon Stone, and Alan J. Carson

40. Pharmacotherapy 284
   Kevin J. Black and Bonnie Applewhite

41. Suggestion 289
   Irving Kirsch

42. Treating psychogenic movement disorders with suggestion 295
   Michel C. F. Shamy

43. Inpatient therapy: trying to transcend pathological dissociation, dependence, and disability 302
   Daniel T. Williams, Nika Dyakina, Prudence Fisher, Joseph Graber, and Stanley Fahn

Appendix: Psychogenic movement disorders video legends 310
Prepared by Anthony E. Lang and Mark Hallett

Index 319

Color plates appear between pages 164 and 165.
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Preface

Psychogenic movement disorders and other conversion disorders are common. All physicians encounter patients with conversion symptoms. Neurologists often see patients with psychogenic movement disorders, psychogenic seizures, and a variety of other unexplained neurological problems that eventually are thought to have a psychological basis. However, these patients are rarely referred to psychiatrists, partly because of a failure to recognize the underlying psychological basis, partly because of the various obstacles in accessing appropriate and competent psychiatric care – and many other reasons. These patients are falling through the cracks of our medical system. Such patients utilize a large fraction of healthcare resources, estimated at 16% of dollars in the USA. Despite the impact these symptoms have on productivity and quality of life, there is a paucity of research and evidence-based reports on the mechanisms and treatment of these disorders.

This book is an outcome of the Second International Conference on Psychogenic Movement Disorders and Other Conversion Disorders, held in Washington, DC, in April 2009, and sponsored by the Movement Disorder Society, the National Institute of Neurological Disorders and Stroke, and the National Institute of Mental Health. It is our hope that the book will increase awareness and knowledge of these conditions and serve as an educational and scientific resource for physicians and other healthcare providers in different specialties to improve their diagnostic acumen and plan therapeutic strategies tailored to patient’s individual needs.

In the absence of a definitive biomedical diagnosis, the poor understanding of psychogenic disorders has led to misconceptions within the medical community, and the mere mention of the topic continues to generate a great deal of controversy. These misconceptions begin with the name used to describe the disorder. Psychogenic movement disorders are essentially defined as involuntary movement disorders presumed to be of psychological/psychiatric origin. The basic idea of conversion, advocated by Freud, is that a psychological symptom is converted to a somatic symptom as a means of dealing with the psychological symptom. While many patients with psychogenic movement disorders do indeed report considerable stress (past and/or present), anxiety, and/or depression, some do not because of denial, because of an inability to connect the stress with the onset of the movement disorder, or for other reasons. Even for those that do, there is a real possibility that the stress/anxiety is an understandable response to the specific conversion outcome. Does this mean that a psychological etiology is not always present or that the psychological underpinnings are not fully recognized by the physician or the patient? While endorsing psychological accounts, many neurologists do not understand their patients in such terms. This is further complicated by the natural resistance of many patients to accept the proposition of a psychological origin. Such patients, if told that they have a psychological or psychiatric condition, will just move to another doctor and often undergo treatments and procedures that may make their overall condition worse.

The traditional view of a relationship between a psychogenic presentation and demonstrable psychopathology has changed, and many clinicians use the term “functional” to describe the condition. This approach does not deny or mitigate the reality of illness but rather provides a rationale whereby a dysfunction rather than a structural problem explains the condition: a “software problem, not a hardware problem”. Other clinicians use the term “functional” for a different reason – they believe that there is a psychological or psychiatric condition, will just move to another doctor and often undergo treatments and procedures that may make their overall condition worse.

In the absence of a definitive biomedical diagnosis, the poor understanding of psychogenic disorders has led to misconceptions within the medical community, and the mere mention of the topic continues to generate a great deal of controversy. These misconceptions begin with the name used to describe the disorder. Psychogenic movement disorders are essentially defined as involuntary movement disorders presumed to be of psychological/psychiatric origin. The basic idea of conversion, advocated by Freud, is that
Preface

Consciously perceived or not, for example by raising blood pressure or by causing involuntary movements, such as tremors, and other motor abnormalities we refer to as “psychogenic movement disorders.” Acute or chronic stressors, while not always initially identifiable by the patient or the physician, probably do play an important role in most, but not necessarily all, cases. It may be helpful to let the patients know that it may take more than one visit with the neurologists and/or psychiatrists to identify all potential stress factors. This may be important in order to better understand which, if any, experiences in the past have contributed to the onset and maintenance of the movement disorder.

Neurologists and not psychiatrists must make the diagnosis of a psychogenic movement disorder. Neurologists are trained in movement disorders and their differential diagnosis. However, psychiatrists have an important role in further exploring the possible psychodynamic and stress-related factors and, in collaboration with a neurologist, planning a therapeutic strategy. Clearly, neurologists and psychiatrists need to work together in understanding and treating the patient. An additional conclusion is that since psychiatrists cannot always identify a psychiatric etiology, neurologists (and others) need to keep an open mind about the fundamental etiology.

The aim of this book is to provide a balanced multidisciplinary review of the scientific basis of psychogenic movement disorders, explore the role of psychological, social, and biological factors, and also provide a practical guide to the diagnosis and treatment of this group of challenging disorders. Uniquely, the book is supplemented by numerous video segments illustrating many facets of the disorder. The video library by itself is extremely valuable since the diagnosis of psychogenic movement disorders not only requires a detailed history but also a careful observation and assessment of phenomenology. In many cases of paroxysmal or intermittent movement disorders, the physician must rely on the description of the phenomenology by the patient and other observers, but the increased accessibility to video technology, such as the video capability of many cell phones, enables the relevant movements to be recorded and used to aid in the diagnosis.

In addition to discussion of neurological and movement disorder aspects of psychogenic movement disorders, we have also tried to review the various psychiatric mechanisms that might underlie conversion in general. How is conversion considered? What might be the role of anxiety and depression, dissociation and hypochondriasis? And should one consider a biopsychosocial model? There is likely an underlying biology for psychogenic movement disorders, as there is for other psychiatric disorders. The role of genetics, childhood trauma, and stress, and their interactions, is considered together with the social/cultural context, in particular the patient beliefs in which the symptoms arise and are managed.

The underlying physiology for conversion is also explored in greater detail. The clinical neurophysiology is important, and a number of neuroimaging studies are showing how the brain may be malfunctioning in the setting of psychogenic disorders. Is the limbic system malfunctioning? Perhaps this physiology will ultimately displace the Freudian analogies, many of which are increasingly being challenged even by psychoanalysts. There are many unanswered questions, but the two that are particularly crucial to our understanding are what systems produce the involuntary movements and why the movements are not considered to be voluntary. Several chapters in this book attempt to address these important questions.

Treatment and management issues are also carefully considered. There is a long way to go in this area and clinical trials are sorely needed. However, some practical advice can be provided even now. The difficult issue of placebo, both for diagnosis and treatment is reviewed. Can it be used? If so, when would it be appropriate? The patients are often highly suggestible. What does that tell us about the biology, and does it suggest that there should be a role for placebo or hypnosis in the diagnosis and treatment?

While this volume is a second book in a “series,” it is not a second edition. All the chapters are new, and there is less attention to phenomenology and more to biology and etiology. Psychogenic movement disorders in children are considered. After the first book, many readers told us that a video was needed, and we have been responsive to that. We hope that this book will be widely read by neurologists, psychiatrists and others interested in this important topic. Our patients depend on better dissemination of knowledge about this group of disorders.

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