

Medically Unexplained Symptoms

Evidence Update



MAY 2018 (Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Library and Information Service

library@uhbristol.nhs.uk



Training Sessions 2018

All sessions are one hour

June (12.00-13.00)

20th (Wed) **Interpreting Statistics**

28th (Thurs) **Literature Searching**

July (13.00-14.00)

5th (Thu) **Critical Appraisal**

9th (Mon) **Statistics**

19th (Thu) **Literature Searching**

23rd (Mon) **Critical Appraisal**

August (12.00-13.00)

1st (Wed) **Statistics**

6th (Mon) **Literature Searching**

16th (Thu) **Critical Appraisal**

22nd (Wed) **Statistics**

30th (Thu) **Literature Searching**

Your Outreach Librarian: Jo Hooper

Whatever your information needs, the library is here to help. Just email us at

library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in literature searching, critical appraisal and medical statistics. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Updates

NICE National Institute for
Health and Care Excellence

[Current Concepts in Diagnosis and Treatment of Functional Neurological Disorders](#)

04 June 2018 - Publisher: JAMA Neurology

[Read Summary](#)



No relevant evidence

UpToDate[®]

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

[Conversion disorder in adults: Clinical features, assessment, and comorbidity](#)

- [Weakness and paralysis](#)
- [General principles](#)
- [Summary](#)

Literature review current through: May 2018. | **This topic last updated:** Jan 25, 2018.

[Conversion disorder in adults: Treatment](#)

- [First line treatment](#)
- [Pharmacotherapy](#)
- [Summary and recommendations](#)

Literature review current through: May 2018. | **This topic last updated:** Apr 06, 2018.

[Conversion disorder in adults: Terminology, diagnosis, and differential diagnosis](#)

- [Diagnosis](#)
- [Summary](#)

Literature review current through: May 2018. | **This topic last updated:** Jan 25, 2018.



Library Clinic

Stop by and find out more about our services. We will be here to answer any questions you may have!

June 19th: Welcome Centre, BRI 10.00-16.00

July 3rd: Welcome Centre, BRI 10.00-16.00

July 4th: Canteen (Level 9, BRI) 12.00-14.00

August 8th: Foyer, Education Centre 12.00-14.00

August 29th: Foyer, St Michael's Hospital 12.00-14.00

September 5th: Canteen (Level 9, BRI) 12.00-14.00

September 11th: Welcome Centre, BRI 10.00-16.00

October 3rd: Terrace (Level 4, Education Centre) 12.00-14.00

November 7th: Canteen (Level 9, BRI) 12.00-14.00

December 5th: Foyer, Education Centre 12.00-14.00

December 11th: Welcome Centre, BRI 10.00-16.00

Database Articles

Below is a selection of articles related to medically unexplained symptoms that were recently added to the healthcare databases.

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk

Medically Unexplained Symptoms

Quantifying positive communication: Doctor's language and patient anxiety in primary care consultations

Author(s): Stortenbeker I.A.; Das E.; Houwen J.; Lucassen P.L.B.J.; Stappers H.W.; Assendelft W.J.J.

Source: Patient Education and Counseling; 2018

Publication Type(s): Article In Press

Abstract:Objective: Positive communication is advocated for physicians during consultations with patients presenting medically unexplained symptoms (MUS), but studies generally focus on what is said rather than how it is said. This study quantified language use differences of general practitioners (GPs), and assessed their relation to patient anxiety. Methods: Language use of 18 Dutch GPs during 82 consultations was compared for patients with MUS versus medically explained symptoms (MES). Message content (positive or negative) was differentiated from its directness (direct or indirect), and related to changes in patient's state anxiety (abbreviated State Trait Anxiety Inventory; STAI). Results: In total, 2590 clauses were identified. GPs approached patients with MES with relatively more direct (vs. indirect) positive and indirect (vs. direct) negative messages (OR 0.53; 95% CI 0.39-0.710). Anxiety of both patient groups increased when GPs used more direct (vs. indirect) negative messages ($b = 0.67$, 95% CI 0.07-1.27) Conclusions: GPs use different language depending on the content of messages for patients with MES, but not MUS. Direct negative messages relate to an increase in patient anxiety. Practice implications: GPs could manage patient's state anxiety by expressing negative messages in an indirect rather than direct manner.

Interdisciplinary Care in an Adolescent with Medically Unexplained Symptoms.

Author(s):

Source: Journal of Paediatrics & Child Health; May 2018; vol. 54 ; p. 13-28

Publication Date: May 2018

Publication Type(s): Academic Journal

Why do doctors not learn how to explain "medically unexplained symptoms"?

Author(s): Finset A.

Source: Patient Education and Counseling; May 2018; vol. 101 (no. 5); p. 763-764

How general practitioners understand and handle medically unexplained symptoms: a focus group study.

Author(s): Rasmussen, Erik Børve; Rø, Karin Isaksson

Source: BMC family practice; May 2018; vol. 19 (no. 1); p. 50

Publication Type(s): Journal Article

Available at [BMC Family Practice](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUND Medically unexplained symptoms (MUS) are a common yet challenging encounter in primary care. The aim of this study was to explore how general practitioners (GPs) understand and handle MUS. METHODSThree focus group interviews were conducted with a total of 23 GPs. Participants with varied clinical experience were purposively recruited. The data were analysed thematically, using the concept of framing as an analytical lens. RESULTSThe GPs alternated between a biomedical frame, centred on disease, and a biopsychosocial frame, centred on the sick person. Each frame shaped the GPs' understanding and handling of MUS. The biomedical frame emphasised the lack of objective evidence, problematized subjective patient testimony, and manifested feelings of uncertainty, doubt and powerlessness. This in turn complicated patient handling. In contrast, the biopsychosocial frame emphasised clinical experience, turned patient testimony into a valuable source of information, and manifested feelings of confidence and competence. This in turn made them feel empowered. The GPs with the least experience relied more on the biomedical frame, whereas their more seasoned seniors relied mostly on the biopsychosocial frame. CONCLUSIONThe biopsychosocial frame helps GPs to understand and handle MUS better than the biomedical frame does. Medical students should spend more time learning biopsychosocial medicine, and to integrate the clinical knowledge of their peers with their own.

Calibrating Confident Judgments About Medically Unexplained Symptoms.

Author(s): Schwab, Abraham

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 36-37

Publication Type(s): Journal Article

The Need for Improved Access to Mental Health Services for Youth With Medically Unexplained Symptoms.

Author(s): Canavera, Kristin; Allen, Jennifer; Johnson, Liza-Marie

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 29-31

Publication Type(s): Journal Article

Rejecting Reality and Substituting One's Own; Why Bioethics Should Be Concerned With Medically Unexplained Symptoms.

Author(s): Arnold, Mark Henderson; Kerridge, Ian

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 26-28

Publication Type(s): Journal Article

Database: Medline

Medically Unexplained Symptoms and the Diagnosis of Medical Child Abuse.

Author(s): Eichner, Maxine

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 24-26

Publication Type(s): Journal Article

Schrödinger's Disease and the Ethics of (Non)Diagnosis: The Problem of Medically Unexplained Symptoms in Contemporary Medical Practice.

Author(s): Stone, Louise

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 18-19

Publication Type(s): Journal Article

Treating Medically Unexplained Symptoms Empirically: Ethical Implications for Concurrent Diagnosis.

Author(s): Sankary, Lauren R; Ford, Paul J

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 16-17

Publication Type(s): Journal Article

Why Bioethics Should Be Concerned With Medically Unexplained Symptoms.

Author(s): O'Leary, Diane

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 6-15

Publication Type(s): Journal Article

Abstract:Biomedical diagnostic science is a great deal less successful than we've been willing to acknowledge in bioethics, and this fact has far-reaching ethical implications. In this article I consider the surprising prevalence of medically unexplained symptoms, and the term's ambiguous meaning. Then I frame central questions that remain answered in this context with respect to informed consent, autonomy, and truth-telling. Finally, I show that while considerable attention in this area is given to making sure not to provide biological care to patients without a need, comparatively little is given to the competing, ethically central task of making sure never to obstruct access to biological care for those with diagnostically confusing biological conditions. I suggest this problem arises from confusion about the philosophical value of vagueness when it comes to the line between biological and psychosocial needs.

Munchausen/ Fictitious Illness and disease/ Malingering

Conversion, Factitious Disorder and Malingering: A Distinct Pattern or a Continuum?

Author(s): Galli, Silvio; Tatu, Laurent; Bogousslavsky, Julien; Aybek, Selma

Source: Frontiers of neurology and neuroscience; 2018; vol. 42 ; p. 72-80

Publication Type(s): Journal Article

Abstract:This chapter is aimed at highlighting the recent findings concerning physiopathology, diagnosis, and management of conversion, factitious disorder, and malingering. Conversion disorder is the unintentional production of neurological symptom, whereas malingering and factitious disorder represent the voluntary production of symptoms with internal or external incentives. They have a close history and this has been frequently confounded. Practitioners are often confronted to medically unexplained symptoms; they represent almost 30% of neurologist's consultation. The first challenge is to detect them, and recent studies have confirmed the importance of "positive" clinical bedside signs based on incoherence and discordance, such as the Hoover's sign for the diagnosis of conversion disorder. Functional neuroimaging has allowed a better understanding of the pathophysiology, and highlighted abnormal cerebral activation patterns in conversion disorder in

relation to motor, emotional, and limbic networks, different from feigners. This supports the theory evoked by Charcot of a "psychodynamic lesion," which is also reflected by the new term introduced in the DSM-5: functional neurological disorder. Multidisciplinary therapy is recommended with behavioral cognitive therapy, antidepressant to treat frequent comorbid anxiety or depression, and physiotherapy. Factitious disorder and malingering should be clearly delineated from conversion disorder. Factitious disorder should be considered as a mental illness and more research on its physiopathology and treatment is needed, when malingering is a non-medical condition encountered in medico-legal cases.

The impact of effort by adolescents and young adults on neuropsychological measures; Investigating the need for effort testing when examining eligibility for standardized testing accommodations

Author(s): Rubin, Evan

Source: Dissertation Abstracts International Section A: Humanities and Social Sciences; 2018; vol. 78 (no. 11)

Publication Type(s): Dissertation Abstract Dissertation

Abstract: Neuropsychological effort has been extensively studied in adults involved in litigation; however, less is known about effort when examining adolescents and young adults for standardized testing accommodations. This study's purpose was to establish a base rate of poor effort and discover the most appropriate effort measures for 16-28 year olds undergoing neuropsychological assessments. This study involved 37 outpatient participants who were administered the Test of Memory Malingering (TOMM), Dyslexia Assessment of Simulation or Honesty (DASH), Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV), Reliable Digit Span (RDS), Woodcock Johnson tests of Achievement and Cognitive Abilities-Fourth Edition (WJ-IV), and Nelson Deny Reading Test (NDRT). None of the participants failed the TOMM; however, TOMM scores were significantly related to performance on Full Scale IQ ($p < 0.05$), Processing Speed Index ($p < 0.05$), and Passage Comprehension ($p < 0.01$). The RDS was significantly related to performance on Passage Comprehension ($p < 0.05$) and the pass/fail classifications demonstrated small to medium effect sizes in relation to FSIQ, Passage Comprehension, Reading Rate, and Standard Time Comprehension. The DASH Feigning Index was not significantly related to any subtests/indices, but pass/fail classifications demonstrated small to medium effect sizes in relation to FSIQ, PSI, Passage Comprehension, and Reading Rate. The TOMM and DASH Feigning Index were significantly related (Pearson Correlation = 0.494), and neither were related to RDS performance. Results indicate the need for continued research in this area. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Field validity of a measure of malingering with motor-vehicle accident claimants

Author(s): Yilmaz, Sadet

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2018; vol. 78 (no. 7)

Publication Type(s): Dissertation Abstract Dissertation

PubMedID: 2017-19721-076

Abstract: role of psychological assessment in the detection of malingering is a complex one beleaguered by changing definitions criteria, varying methods for assessment, and challenges to the validity and reliability of measures currently used. Establishing valid and reliable measures, as well as normative values applicable to various clinical groups remains increasingly important, particularly in forensic settings. This study sought to evaluate the convergent and concurrent validity of the Inventory of Problems (IOP; Viglione & Landis, 1998), a multi-method assessment tool in the detection of malingering behaviors. More specifically, to increase the external validity of the IOP,

this study sought to validate the measure with a forensic sample, comparing results to commonly-used measures in the detection of: exaggerated symptom endorsement with the Miller Forensic Assessment of Symptoms Tests (MFAST; Miller, 2004) and poor effort with the Test of Memory of Malingering (TOMM; Tombaugh, 2002). Two main hypotheses were analyzed, which revealed overall mixed conclusions regarding the IOP's validity, all of which will be discussed in the paragraphs below. The results also reveal information about motor vehicle accidents claimants and the character of their exaggerations, which was addressed in this research as a contribution of the study. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Validation of the Inventory of Problems in Detecting Feigned Combat-Related PTSD: A comparison utilizing combat veteran simulators and veterans endorsing a history of combat-related posttraumatic stress symptoms

Author(s): Burris, Emily Sarah

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2018; vol. 79 (no. 1)

Publication Type(s): Dissertation Abstract Dissertation

Abstract: Given the detrimental impact of malingering, many resources have been utilized in identifying various instruments that successfully detect the phenomena (Rogers & Bender, 2013). The Inventory of Problems (IOP; Viglione & Landis, 1994; Viglione, Giromini, & Landis, 2016; Viglione, Landis, Giromini, McCullaugh, O'Brien, Pizitz, & Wood, unpublished manuscript) is a measure that consolidates multiple deception detection strategies into a single measure by providing the empirical probability of malingering for a range of syndromes, including PTSD. Very few studies have examined methods designed to specifically detect feigned combat-related PTSD. The assessment of PTSD is complicated by the high rate of false-positive and false-negative rates of malingering, and the reliance on self-report of symptoms (Resnick, 2003), which can be easily obtained from numerous sources. The current study aims to evaluate the convergent, discriminative, and incremental validity of the IOP and IOP-29 to establish the measures as reliable for the detection of feigned combat-related PTSD. The IOP and IOP-29 will be administered alongside the Trauma Symptom Inventory-2 (TSI-2; Briere, 2011) and the Test of Memory Malingering (TOMM; Tombaugh, 1996). The measures will be administered to a psychiatric control group consisting of combat veterans that endorse a history of combat PTSD-related symptoms. The simulator group will consist of combat veterans who deny a history of PTSD-related symptoms. Simulators were provided with a role indication vignette that provided them with the common symptoms of PTSD and instructed them to respond to the measures as someone with PTSD utilizing their own combat experience as reference. Results of the study revealed mixed findings. The IOP and IOP-29 demonstrated convergent validity with the TOMM and IOP exhibiting the greatest classification accuracy between the patient and simulator groups. Unfortunately, the TSI-2 ATR scale performed poorly in the study and did not serve as an adequate comparison measure to examine further validity of the IOP. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

The development of a reaction time task to test inhibitory control as a mechanism for detecting malingered PTSD

Author(s): Shapiro, Emma M.

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2018; vol. 78 (no. 12)

Publication Type(s): Dissertation Abstract Dissertation

Abstract: This study investigated a new method of malingering detection for Posttraumatic Stress Disorder (PTSD) examining the ability to inhibit reactions to visual stimuli. This inhibition task was

proposed as a supplement to self-report methods being evaluated in a larger study of PTSD malingering detection. The high prevalence of PTSD and accessibility of symptom profiles contribute to an increased incidence of malingering. In some settings a diagnosis of PTSD offers the potential for substantial compensation. Accurate PTSD diagnosis is essential to safeguard appropriate distribution of resources and treatment. Towards this end, reliance on automatic reactions in a performance-based paradigm for malingering detection reduces face validity and systematic manipulation of responses. Previous research on reaction times in PTSD demonstrated decreased latencies in response to traumatic stimuli using go/no-go designs, and a larger difference between PTSD and non-PTSD groups with increased executive burden by implementing a series of stop-signal trials. There is limited research examining malingered PTSD using the mixed, go/no-go and stop-signal paradigm described in this study. Participants included 135 community college students ranging in age from 18-49 (M= 21). Participants were randomly assigned to three groups (honest responders, true PTSD, and feigners) in a simulated malingering design. Analyses examined inhibition times and number of commission errors on traumatic and non-traumatic visual stimuli using a go/no-go and stop-signal paradigm. Results indicate an area of further inquiry surrounding deficits in executive control as a distinguishing factor for PTSD malingering detection. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Munchausen Syndrome and the Wide Spectrum of Factitious Disorders.

Author(s): Tatu, Laurent; Aybek, Selma; Bogousslavsky, Julien

Source: Frontiers of neurology and neuroscience; 2018; vol. 42 ; p. 81-86

Publication Type(s): Journal Article

Abstract: Since its initial description in 1851, Munchausen syndrome has been widely used interchangeably with factitious disorder. Nevertheless, this syndrome is only one form of factitious disorder that is both severe and chronic. The syndrome was named after Karl Friedrich Hieronymus, Baron von Münchhausen (1720-1797), a German nobleman who became famous as a narrator of false and exaggerated exploits. His name was progressively corrupted to Munchausen. Factitious disorders and Munchausen syndrome remain a great diagnosis challenge for physicians. All medical specialities are concerned by these disorders. The diagnosis process involves a first step to exclude an unusual presentation of a common medical condition. The second step consists of excluding somatoform disorders and malingering. Unfortunately, the boundaries between factitious disorder, somatization, and malingering are often unclear. In 1977, the term "Munchausen's syndrome by proxy" was coined to define a situation where a person produces false symptoms in another one, especially a child. This term was extended to similar interactions between human and pets. Because varied conditions have been included in the definition of this syndrome, there is ongoing debate about alternative names.

Ganser Syndrome.

Author(s): Dieguez, Sebastian

Source: Frontiers of neurology and neuroscience; 2018; vol. 42 ; p. 1-22

Publication Type(s): Journal Article

Abstract: Ganser's syndrome is a rare and controversial condition, whose main and most striking feature is the production of approximate answers (or near misses) to very simple questions. For instance, asked how many legs a horse has, Ganser patients will reply "5", and answers to plain arithmetic questions will likewise be wrong, but only slightly off the mark (e.g., $2 + 2 = 3$). This symptom was originally described by Sigbert Ganser in 1897 in prisoners on remand and labeled Vorbeigehen ("to pass by"), although the term Vorbeireden ("to talk beside the point") is also frequently used. A number of associated symptoms were also reported: "clouding of consciousness,"

somatoform conversion disorder, hallucinations, sudden and spontaneous recovery, subsequent amnesia for the episode, premorbid traumatic psychosocial experience and/or (usually mild) head trauma. Etiological, epidemiological and diagnostic issues have never been resolved for Ganser's syndrome. Ganser saw it as a form of "twilight hysteria," whereas others suggested that malingering, psychosis or dissociation were more appropriate labels, oftentimes combined with organic impairment and a subjectively intolerable psychosocial context. A central conundrum of Ganser's syndrome is whether it could simultaneously be a cultural and pathological representation of insanity, whereas cognitive, organic, affective, motivational and social factors would converge towards a naïve idea of what mental illness should look like, especially through the provision of approximate answers.

Don't Judge a Book by Its Cover: Factitious Disorder Imposed on Children-Report on 2 Cases.

Author(s): Faedda, Noemi; Baglioni, Valentina; Natalucci, Giulia; Ardizzone, Ignazio;

Source: *Frontiers in pediatrics*; 2018; vol. 6 ; p. 110

Publication Type(s): Journal Article

Available at [Frontiers in Pediatrics](#) - from Europe PubMed Central - Open Access

Abstract: Factitious Disorder Imposed on Another (FDIA), also known as Munchausen Syndrome by Proxy (MSbP) is a very serious form of child abuse. The perpetrator, usually the mother, invents symptoms or causes real ones in order to make her child appear sick. Usually this is due to a maladaptive disorder or to an excessive of attention-seeking on her part. We report here two new cases of FDIA. The first one is a 9-year-old boy with a history of convulsive episodes, reduced verbal production, mild psychomotor disorder and urological problems who underwent several invasive procedures and hospitalizations before a diagnosis of FDIA was made. The second is a 12 year-old girl with headache, abdominal pain, lipothymic episodes, seizures and a gait impairment, who was hospitalized in several hospitals before an FDIA was diagnosed.

Fabrication and modification of implantable optrode arrays for in vivo optogenetic applications.

Author(s): Wang, Lulu; Huang, Kang; Zhong, Cheng; Wang, Liping; Lu, Yi

Source: *Biophysics reports*; 2018; vol. 4 (no. 2); p. 82-93

Publication Type(s): Journal Article

Available at [Biophysics Reports](#) - from International DOI Foundation

Abstract: Graphical Abstract Abstract Recent advances in optogenetics have established a precisely timed and cell-specific methodology for understanding the functions of brain circuits and the mechanisms underlying neuropsychiatric disorders. However, the fabrication of optrodes, a key functional element in optogenetics, remains a great challenge. Here, we report reliable and efficient fabrication strategies for chronically implantable optrode arrays. To improve the performance of the fabricated optrode arrays, surfaces of the recording sites were modified using optimized electrochemical processes. We have also demonstrated the feasibility of using the fabricated optrode arrays to detect seizures in multiple brain regions and inhibit ictal propagation in vivo. Furthermore, the results of the histology study imply that the electrodeposition of composite conducting polymers notably alleviated the inflammatory response and improved neuronal survival at the implant/neural-tissue interface. In summary, we provide reliable and efficient strategies for the fabrication and modification of customized optrode arrays that can fulfill the requirements of in vivo optogenetic applications.

Dermatitis artefacta in childhood and adolescence: a spectrum of disease.

Author(s): Mohandas, Padma; Ravenscroft, Jane C; Bewley, Anthony

Source: Giornale italiano di dermatologia e venereologia : organo ufficiale, Societa italiana di dermatologia e sifilografia; Aug 2018; vol. 153 (no. 4); p. 525-534

Publication Type(s): Journal Article

Abstract: Dermatitis artefacta (DA) or artefactual skin disease (ASD) is a factitious skin disorder rarely reported in the pediatric population. Skin lesions are produced deliberately either consciously or in a dissociative state to satisfy an underlying psychological need. Children may present with acutely formed skin changes or with chronic lesions, quite often having seen other specialists during their journey. The mechanism of formation of skin lesions can vary from the application of pigment onto the skin to simulate disease or more destructive techniques like the injection of irritant substances into the skin. Whichever mode used, it is important to focus on why rather than how the lesions are produced. Establishing a strong physician-patient-family relationship is important in managing this condition. The prognosis of the condition is variable, but it has been shown that resolution of the underlying psychosocial stressor leads to improvement of the skin. We advocate a multidisciplinary team approach in managing DA as it has shown to improve outcomes.

A clinical description and medical management of "Stigmata"

Author(s): Lipsitt A.; Carrol E.; Lubrin F.; Ranjan S.; Assanasen C.

Source: Pediatric Blood and Cancer; Jun 2018; vol. 65

Publication Type(s): Conference Abstract

Abstract: Background: Hematidrosis is a rare condition that has historically been associated with body marks or bleeding from sites associated with the crucifixion of Jesus Christ and culturally popularized in movies and texts. Dramatic descriptions generally include individuals bleeding from their tears or sources associated with crucifixion wounds. Though a true medical condition, the cultural stigma associated with the presentation has limited opportunities for appropriate medical evaluation and disease management. Objectives: We describe the case of a child with progressive hematidrosis and non-epileptiform seizure activity, who was successfully treated with propranolol. Design/Method: A 13 yo female with a history of depression, anxiety, PTSD, and non-epileptiform seizure activity presented with nine months of progressive episodic bleeding from her skin and eyes. The bleeding first presented as bloody tears and then progressed to bloody secretions from her forehead, palms, soles, mouth, and ears. Her episodes were consistently preceded by extreme emotional stress, excitement, or physical exertion. She reported a minimum of seven episodes a day. She was evaluated by multiple providers of various specialties that were unable to identify an etiology and on many occasions challenged the validity of her symptoms. Her mother was also accused of Munchausen's by proxy. Results: With appropriate suspicion for organic etiology the patient was seen in our facility and a bleeding episode from the palms was induced and its validity confirmed. The sample was collected and sent to pathology for analysis. 1.52 M/mcl RBC were noted in the expelled fluid confirming a true blood source with further workup ruling out any coagulopathies. In an attempt to mitigate symptomatology, 30mg of Propranolol twice a day was started. With consideration of tranexamic acid to be added as well. After the initiation of treatment, the bleeding episodes improved significantly with decrease to one episode a day. Conclusion: There is no confirmed cause of hematidrosis, though a few theories have been proposed, such as rupture of the capillaries near the sweat glands, dermal defects leading to blood filled spaces that empty in the hair follicles, or a vasculitis. We report a case presenting with severe psychosocial comorbidities that significantly improved with medical intervention. It is important that the pediatric hematologist have familiarity with this rare disease as cultural morays may influence initial medical impressions and impact patient care.

26. Utility of various WAIS-IV Digit Span indices for identifying noncredible performance validity among cognitively impaired and unimpaired examinees.

Author(s): Webber, Troy A; Soble, Jason R

Source: The Clinical neuropsychologist; May 2018; vol. 32 (no. 4); p. 657-670

Publication Type(s): Journal Article

PubMedID: 29256334

Abstract:OBJECTIVEWechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) Reliable Digit Span (RDS), RDS-revised (RDS-R), and age-corrected scaled score (ACSS) are validated and commonly used embedded performance validity tests (PVTs), though existing validation studies have largely examined younger (approximate ages 19-35) patients with mild traumatic brain injury or those without cognitive impairment. This study compared the classification accuracy of RDS, RDS-R, and ACSS in a mixed clinical sample of relatively older (M age = 54.61) veterans with and without neurocognitive impairment.METHODDuring a comprehensive neuropsychological evaluation, 113 clinically-referred veterans completed the WAIS-IV Digit Span subtest and the following criterion PVTs: Dot Counting Test, Word Choice Test, and Test of Memory Malingering. Those with ≤ 1 criterion PVT failure were classified as valid ($n = 87$), whereas those with ≥ 2 failures were classified as noncredible ($n = 26$). Among valid participants, 49% were cognitively impaired.RESULTSRDS, RDS-R, and ACSS all significantly predicted validity group membership with respective areas under the curve (AUCs) of .79, .81, and .85, and optimal cut scores of $RDS \leq 5$, $RDS-R \leq 9$, and $ACSS \leq 5$. Lower accuracy and AUCs were observed for the valid-cognitively impaired subsample across indices, but to a greater degree for traditional RDS. ACSS evidenced maximal sensitivity/specificity for the total sample (≤ 5 ; .62/.87), cognitively unimpaired subsample (≤ 5 ; .62/.95), and cognitively impaired subsample (≤ 4 ; .39/.86).CONCLUSIONSACSS yielded better classification accuracy and sensitivity/specificity than RDS and RDS-R. While all three indices have utility as embedded PVTs, $ACSS \leq 5$ may be most robust to cognitive impairment while identifying noncredible performance.

Clusters of financially incentivized chronic pain patients using the Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF).

Author(s): Aguerrevere, Luis E; Calamia, Matthew R; Greve, Kevin W; Bianchini, Kevin J; Curtis,

Source: Psychological assessment; May 2018; vol. 30 (no. 5); p. 634-644

Publication Type(s): Journal Article

Available at [Psychological assessment](#) - from ProQuest PsycARTICLES - NHS

Abstract:The Minnesota Multiphasic Personality Inventory (MMPI)-2 Restructured Form (MMPI-2-RF) has been shown to have clinical utility in the assessment of individuals with chronic pain (e.g., predicting surgical outcomes). The purpose of this study was to explore the ability of the MMPI-2-RF Validity Scales in profiling patients with chronic pain who had external financial incentive (e.g., workers' compensation claims) and determine the associations between Validity Scale response patterns and important outcomes. Cluster analysis identified 2 similarly sized clusters of patients with very different MMPI-2-RF profiles. Cluster 1 was characterized by valid responding and showed mean elevations on the somatic and low positive emotion Restructured Clinical scales. Cluster 2 was characterized by patients overreporting on the MMPI-2-RF Validity Scales, who also demonstrated elevations on 7 of the 9 RC scales. Cluster membership was differentially associated with clinical variables: patients in Cluster 2 had greater self-reported pain and disability, were less likely to have spine-related findings on imaging and were more likely to be classified as probable or definite malingers. These results support the utility of the MMPI-2-RF Validity scales in distinguishing

between credible and noncredible responses from patients with chronic pain seen within a medico-legal context. (PsycINFO Database Record

Munchausen by Proxy: A Qualitative Investigation into Online Perceptions of Medical Child Abuse.

Author(s): Anderson, Anoushka P A; Feldman, Marc D; Bryce, Joanne

Source: Journal of forensic sciences; May 2018; vol. 63 (no. 3); p. 771-775

Publication Type(s): Journal Article

Abstract:In Munchausen by proxy (MBP) maltreatment, increasingly termed "medical child abuse" (MCA), a caregiver fabricates or induces illness in another. The perpetrator's goal for the behavior is to meet personal emotional needs by forcing unnecessary or misguided medical or psychological treatment. Generally, a mother is the perpetrator and her child is the victim. There is a serious lack of research into most aspects of MCA, and this study is the first to utilize the anonymity of an Internet forum to investigate victims' first-hand experiences of, and the public's opinions about, suspected and confirmed MCA. Three-hundred and fifty-six posts by 348 members were explored and coded using formal qualitative content analysis. By accessing an open-thought online forum, this paper acquired information regarding social perceptions about the nonperpetrating partners who are unaware of the maltreatment; the disturbing and counterintuitive phenomenon of MCA itself; and the resistance often faced by those who attempt to report it.

Histopathological patterns in dermatitis artefacta.

Author(s): Tittelbach, Jörg; Peckruhn, Melanie; Elsner, Peter

Source: Journal der Deutschen Dermatologischen Gesellschaft = Journal of the German Society of Dermatology : JDDG; May 2018; vol. 16 (no. 5); p. 559-564

Publication Type(s): Journal Article Review

Abstract:BACKGROUND Dermatitis artefacta is a relevant and frequently unrecognized clinical condition associated with self-harming behavior, in which unconscious manipulation causes skin lesions. While atypical lesions and an unusual disease course may give rise to clinical suspicion of a self-induced disorder, questioning and examining these patients usually fails to confirm or clarify this suspicion. In this setting, the dermatopathologist may be faced with the question whether there are any histological signs corroborating the diagnosis of dermatitis artefacta. METHODS We conducted a Pubmed search (without time frame) using the terms "dermatitis artefacta", "factitious/factitial dermatitis", "artefactual skin" in combination with "histology" or "pathology". Given the low number of hits, we extended the search by adding terms related to certain types of injuries (for example, "burn" or "cold") in order to identify specific patterns. RESULTS In general, there are only few studies investigating the histological features of factitious skin disorders. Another problem arises from the fact that, even if clinical and histological findings are suggestive of dermatitis artefacta, subsequent confirmation of the exact mechanism of injury is frequently not possible, thus leaving room for speculation. This complicates defining specific histological patterns based on the various types of injuries. Overall, the results of the present study suggest that a factitious disorder should be considered if histological findings include blistering with a mild inflammatory infiltrate, rupture of collagen fibers, multinucleated keratinocytes, or elongated and vertically aligned keratinocytic nuclei.

Development of the Subtle ADHD Malingering Screener.

Author(s): Ramachandran, Sujith; Holmes, Erin R; Rosenthal, Meagen; Banahan, Benjamin F

Source: Assessment; May 2018 ; p. 1073191118773881

Publication Type(s): Journal Article

Abstract:The objective of this study was to develop a subtle self-report scale-the Subtle ADHD Malingering Screener (SAMS)-to screen for malingering among individuals reporting symptoms of attention deficit/hyperactivity disorder (ADHD). This study employed a cross-sectional experimental design with an ADHD group, a control group-comprising individuals without ADHD-and a malingering group-comprising individuals without ADHD who were instructed to feign ADHD in their responses. Factor analysis and psychometric testing were conducted to develop a final scale that could distinguish the malingering from the other groups. A 10-item, two-factor solution was obtained for the SAMS, with a sensitivity of 90.3% and specificity of 80.1%. The SAMS presents an innovative approach to help reduce overdiagnosis of ADHD and misuse of prescription stimulants. The efficient, straightforward form of the measure particularly enhances its potential application in both medical and psychosocial clinical settings.

Functional/Conversion Disorders

Psychogenic blepharospasm associated with Meige's syndrome: A case report

Author(s): Memis, Cagdas Oyku; Kurt, Mustafa; Kerimova, Gulgez; Dogan, Bilge; Sevincok, Doga

Source: Psychiatry and Clinical Psychopharmacology; Jun 2018; vol. 28 (no. 2); p. 224-226

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract:Here we report a patient who presented a co-occurrence of Meige's syndrome and psychogenic blepharospasm. At the first assessments, neurologists excluded conversion disorder because of the presence of a conflict and stress, absence of any markers for Meige's syndrome, and a non-response to Botulinum toxin treatment. We determined bilateral blepharospasm, and oromandibular dystonia by neurological examination and EMG. The patient was diagnosed as primary Meige's syndrome by the neurologists. Blepharospasm, which is triggered by emotional stress, caused secondary gains against her family. We decided that the patient had both psychogenic blepharospasm and Meige's syndrome, which co-occurred nearly at the same interval three years ago. Similar to the seizure-pseudoseizure association, we supposed that Meige's syndrome and concomitant psychogenic blepharospasm may indicate a coexistence of medical and conversion symptoms as in epileptic patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

Assessment of the Short-Term Effectiveness of Kinesiotaping and Trigger Points Release Used in Functional Disorders of the Masticatory Muscles.

Author(s): Lietz-Kijak, Danuta; Kopacz, Łukasz; Ardan, Roman; Grzegocka, Marta; Kijak, Edward

Source: Pain Research & Management; May 2018 ; p. 1-7

Publication Type(s): Academic Journal

Available at [Pain Research & Management](#) - from Europe PubMed Central - Open Access

Functional Disorder with Cognitive Impairment in a Previously Well Child.

Author(s):

Source: Journal of Paediatrics & Child Health; May 2018; vol. 54 ; p. 10-25

Publication Type(s): Academic Journal

Transdiagnostic internet-delivered cognitive-behaviour therapy (CBT) for adults with functional gastrointestinal disorders (FGID): A feasibility open trial.

Author(s): Dear, B F; Fogliati, V J; Fogliati, R; Gandy, M; McDonald, S; Talley, N; Holtmann, G;

Source: Journal of Psychosomatic Research; May 2018; vol. 108 ; p. 61-69

Publication Type(s): Academic Journal

Abstract: Many people with functional gastrointestinal disorders (FGIDs) face significant barriers in accessing psychological treatments that are known to reduce symptoms and their psychological sequelae. This study examined the feasibility and initial outcomes of a transdiagnostic and internet-delivered cognitive behaviour therapy (iCBT) intervention, the Chronic Conditions Course, for adults with functional gastrointestinal disorders (FGIDs). A single-group feasibility open trial design was employed and administered to twenty seven participants. The course ran for 8 weeks and was provided with weekly contact from a Clinical Psychologist. Seventy percent of participants completed the course within the 8 weeks and 81.5% provided data at post-treatment. High levels of satisfaction were observed and relatively little clinician time ($M = 42.70$ min per participant; $SD = 46.25$ min) was required. Evidence of clinical improvements in FGID symptoms ($d_s \geq 0.46$; avg. improvement $\geq 21\%$), anxiety symptoms ($d_s \geq 0.99$; avg. improvement $\geq 42\%$), and depression symptoms ($d_s \geq 0.75$; avg. improvement $\geq 35\%$) were observed, which either maintained or continued to improve to 3-month follow-up. Evidence of improvement was also observed in pain catastrophising and mental-health related quality of life, but not physical-health related quality of life. These findings highlight the potential value of transdiagnostic internet-delivered programs for adults with FGIDs and support for the conduct of larger-scale controlled studies.

Effectiveness of Probiotics in Children With Functional Abdominal Pain Disorders and Functional Constipation: A Systematic Review.

Author(s): Wegh, Carrie A M; Benninga, Marc A; Tabbers, Merit M

Source: Journal of clinical gastroenterology; May 2018

Publication Type(s): Journal Article

Abstract: OBJECTIVE The objective of this study was to investigate the effect of probiotics on functional abdominal pain disorders (FAPD) and functional constipation (FC). METHODS A systematic review was conducted, searching PubMed and Cochrane databases from inception to January 2018 for randomized controlled trials (RCTs) investigating the efficacy of probiotics in children aged 4 to 18 years with FAPD or children aged 0 to 18 years with FC. RESULTS A total of 657 citations were identified. Finally, 11 RCTs for FAPD and 6 RCTs for FC were included. Some evidence exists for *Lactobacillus rhamnosus* GG ($n=3$) in reducing frequency and intensity of abdominal pain in children with irritable bowel syndrome. There is no evidence to recommend *L. reuteri* DSM 17938 ($n=5$), a mix of *Bifidobacterium infantis*, *Bifidobacterium breve* and *Bifidobacterium longum* ($n=1$), *Bifidobacterium lactis* ($n=1$) or VSL#3 ($n=1$) for children with FAPD. No evidence exists to support the use of *Lactobacillus casei rhamnosus* LCR35 ($n=1$), *B. lactis* DN173 010 ($n=1$), *B. longum* ($n=1$), *L. reuteri* DSM 17938 ($n=1$), a mix of *B. infantis*, *B. breve* and *B. longum* ($n=1$), or Protexin mix ($n=1$) for children with FC. In general, studies had an unclear or high risk of bias. CONCLUSIONS Insufficient evidence exists for the use of probiotics in FAPD and FC, only *L. rhamnosus* GG seems to reduce frequency and intensity of abdominal pain but only in children with irritable bowel syndrome. A better understanding of differences in gut microbiota in health and disease might lead to better probiotic strategies to treat disease.

Functional movement disorders arising after successful deep brain stimulation.

Author(s): Breen, David P; Rohani, Mohammad; Moro, Elena; Mayberg, Helen S; Zurowski, Mateusz

Source: Neurology; May 2018; vol. 90 (no. 20); p. 931-932

Publication Type(s): Journal Article

Available at [Neurology](#) - from Ovid (Journals @ Ovid) - Remote Access

Subtyping cognitive profiles in Autism Spectrum Disorder using a Functional Random Forest algorithm.

Author(s): Feczko, E; Balba, N M; Miranda-Dominguez, O; Cordova, M; Karalunas, S L; Irwin, L

Source: NeuroImage; May 2018; vol. 172 ; p. 674-688

Publication Type(s): Journal Article

Abstract:DSM-5 Autism Spectrum Disorder (ASD) comprises a set of neurodevelopmental disorders characterized by deficits in social communication and interaction and repetitive behaviors or restricted interests, and may both affect and be affected by multiple cognitive mechanisms. This study attempts to identify and characterize cognitive subtypes within the ASD population using our Functional Random Forest (FRF) machine learning classification model. This model trained a traditional random forest model on measures from seven tasks that reflect multiple levels of information processing. 47 ASD diagnosed and 58 typically developing (TD) children between the ages of 9 and 13 participated in this study. Our RF model was 72.7% accurate, with 80.7% specificity and 63.1% sensitivity. Using the random forest model, the FRF then measures the proximity of each subject to every other subject, generating a distance matrix between participants. This matrix is then used in a community detection algorithm to identify subgroups within the ASD and TD groups, and revealed 3 ASD and 4 TD putative subgroups with unique behavioral profiles. We then examined differences in functional brain systems between diagnostic groups and putative subgroups using resting-state functional connectivity magnetic resonance imaging (rsfMRI). Chi-square tests revealed a significantly greater number of between group differences ($p < .05$) within the cingulo-opercular, visual, and default systems as well as differences in inter-system connections in the somato-motor, dorsal attention, and subcortical systems. Many of these differences were primarily driven by specific subgroups suggesting that our method could potentially parse the variation in brain mechanisms affected by ASD.

Does a low FODMAPs diet reduce symptoms of functional abdominal pain disorders? A systematic review in adult and paediatric population, on behalf of Italian Society of Pediatrics.

Author(s): Turco, Rossella; Salvatore, Silvia; Miele, Erasmo; Romano, Claudio; Marseglia, Gian Luigi

Source: Italian journal of pediatrics; May 2018; vol. 44 (no. 1); p. 53

Publication Type(s): Journal Article Review

Available at [Italian Journal of Pediatrics](#) - from BioMed Central

Abstract:BACKGROUNDDespite the rising of the Functional Gastrointestinal Disorders (FGIDs)' incidence in the last years, the etio-pathogenesis of FGIDs remains unclear. The diet seems to play an important role in these disorders. Indeed, at least two thirds of adult patients with Irritable Bowel Syndrome (IBS) and of children with FGIDs perceive their GI symptoms to be food-related. In particular, in the last years, more interest has been focused in the low Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyol (FODMAPs) diet.AIMSTo provide a systematic review on the efficacy of a low FODMAPs diet in reducing symptoms associated with functional abdominal pain disorders.METHODSCochrane Library, MEDLINE (via Pubmed), and EMBASE databases from inception to June 2017 were searched. We included randomized controlled trials (RCTs), prospective and retrospective studies, systematic reviews and meta-analyses, reporting the efficacy of the FODMAPs diet intervention in FGIDs patients.RESULTSNineteen studies were eligible. A FODMAPs-restricted diet is beneficial in 12/13 intervention trials. The low FODMAPs diet

improves overall GI symptoms, especially abdominal pain and bloating. In children, only one study reported positive results of a low FODMAPs diet. No effect was found for the lactose free diet whilst fructose-restricted diet was effective in 3/4 studies. The duration of the intervention was very different among the studies, ranging from 2 days to 16 months, and from 3 and 9 weeks for the RCTs. The majority of the trials presented differences in symptoms scoring scales, diet, food diaries, and food frequencies questionnaire. **CONCLUSION** The FODMAPs-restricted diet may be an effective dietary intervention for reducing IBS symptoms in adults. In children, there are promising data, although only one randomized double-blind study exists and further data are needed to better clarify the role of FODMAPs and fructose-restricted diet in IBS. The current evidence does not support the use of a lactose-restricted diet in children with FGIDs.

Prevalence of Functional Gastrointestinal Disorders in Children and Adolescents: Comparison Between Rome III and Rome IV Criteria.

Author(s): Saps, Miguel; Velasco-Benitez, Carlos Alberto; Langshaw, Amber Hamid;

Source: The Journal of pediatrics; May 2018

Publication Type(s): Journal Article

Abstract: **OBJECTIVE** To assess the prevalence of functional gastrointestinal disorders (FGIDs) in children using Rome IV criteria and to compare the prevalence of FGIDs using Rome IV with Rome III criteria. **STUDY DESIGN** This was a cross-sectional study using the same methods as our previous study on FGIDs in Colombia. The Questionnaire of Pediatric Gastrointestinal Symptoms Rome IV version was translated into Spanish, followed by reverse translation. Terms were adjusted to children's language by using focus groups of children. School children aged 8-18 years completed the Spanish version of the Questionnaire of Pediatric Gastrointestinal Symptoms Rome IV. Data were compared with Rome III data. **RESULTS** In total, there were 3567 children (from 6 cities): 1071 preadolescents (8-12 years) and 2496 adolescents (13-18 years). Average age 13.7 ± 2.4 years (56.5% girls). A total of 21.2% of children had at least 1 FGID. Prevalence was significantly lower than Rome III ($P = .004$). Similar to Rome III, disorders of defecation were the most common, followed by abdominal pain, and disorders of nausea and vomiting. Prevalence of abdominal migraine decreased ($P = .000$) and functional dyspepsia increased ($P = .000$). The new diagnoses functional vomiting and functional nausea were present in 0.7% of all children. **CONCLUSION** The application of the Rome IV criteria resulted in a significantly lower prevalence of FGIDs; however, the relative frequency of each subgroup of disorders did not change. New diagnoses of the Rome IV criteria were present in a small percentage of children.

Do Functional Gastrointestinal Disorders Affect Growth and Nutrition?

Author(s): Santucci, Neha R; Hyman, Paul E

Source: The Journal of pediatrics; May 2018

Publication Type(s): Editorial

Pediatric irritable bowel syndrome and other functional abdominal pain disorders: an update of non-pharmacological treatments.

Author(s): Gupta, Shivani; Schaffer, Gilda; Saps, Miguel

Source: Expert review of gastroenterology & hepatology; May 2018; vol. 12 (no. 5); p. 447-456

Publication Type(s): Journal Article

Abstract: **INTRODUCTION** Functional abdominal pain disorders, including irritable bowel syndrome, are common in children and treatment can often be difficult. Pharmacological therapies and

complementary treatments are widely used, despite the limited data in pediatrics. Areas covered: This review provides an overview of the available data for the use of diet, probiotics, percutaneous electrical nerve stimulation, and psychosocial interventions, including hypnotherapy, yoga, cognitive and behavioral therapy, and mind-body interventions for the treatment of functional abdominal pain disorders in children. The literature review included a PubMed search by each therapy, children, abdominal pain, and irritable bowel syndrome. Relevant articles to this review are discussed. Expert commentary: The decision on the use of pharmacological and complementary therapies should be based on clinical findings, evidence, availability, and in-depth discussion with the patient and family. The physician should provide education on the different interventions and their role on the treatment in an empathetic and warm manner providing ample time for the family to ask questions.

A European research agenda for somatic symptom disorders, bodily distress disorders, and functional disorders: Results of an estimate-talk-estimate delphi expert study

Author(s): van der Feltz-Cornelis C.M.; Elfeddali I.; Werneke U.; Malt U.F.; Bergh O.V.; Schaefer R

Source: *Frontiers in Psychiatry*; May 2018; vol. 9

Publication Type(s): Article

Available at [Frontiers in Psychiatry](#) - from Europe PubMed Central - Open Access

Abstract:Background: Somatic Symptom Disorders (SSD), Bodily Distress Disorders (BDD) and functional disorders (FD) are associated with high medical and societal costs and pose a substantial challenge to the population and health policy of Europe. To meet this challenge, a specific research agenda is needed as one of the cornerstones of sustainable mental health research and health policy for SSD, BDD, and FD in Europe. Aim: To identify the main challenges and research priorities concerning SSD, BDD, and FD from a European perspective. Methods: Delphi study conducted from July 2016 until October 2017 in 3 rounds with 3 workshop meetings and 3 online surveys, involving 75 experts and 21 European countries. EURONET-SOMA and the European Association of Psychosomatic Medicine (EAPM) hosted the meetings. Results: Eight research priorities were identified: (1) Assessment of diagnostic profiles relevant to course and treatment outcome. (2) Development and evaluation of new, effective interventions. (3) Validation studies on questionnaires or semi-structured interviews that assess chronic medical conditions in this context. (4) Research into patients preferences for diagnosis and treatment. (5) Development of new methodologic designs to identify and explore mediators and moderators of clinical course and treatment outcomes (6). Translational research exploring how psychological and somatic symptoms develop from somatic conditions and biological and behavioral pathogenic factors. (7) Development of new, effective interventions to personalize treatment. (8) Implementation studies of treatment interventions in different settings, such as primary care, occupational care, general hospital and specialty mental health settings. The general public and policymakers will benefit from the development of new, effective, personalized interventions for SSD, BDD, and FD, that will be enhanced by translational research, as well as from the outcomes of research into patient involvement, GP-patient communication, consultation-liaison models and implementation. Conclusion: Funding for this research agenda, targeting these challenges in coordinated research networks such as EURONET-SOMA and EAPM, and systematically allocating resources by policymakers to this critical area in mental and physical well-being is urgently needed to improve efficacy and impact for diagnosis and treatment of SSD, BDD, and FD across Europe. Copyright © 2018 van der Feltz-Cornelis, Elfeddali, Werneke, Malt, Van den Bergh, Schaefer, Kop, Lobo, Sharpe, Sollner and Lowe.

The effect of fecal microbiota transplantation on psychiatric symptoms among patients with functional gastrointestinal disorders: An open-label observational study

Author(s): Kurokawa S.; Kishimoto T.; Mizuno S.; Masaoka T.; Naganuma M.; Liang K.-C.

Source: Biological Psychiatry; May 2018; vol. 83 (no. 9)

Publication Type(s): Conference Abstract

Abstract:Background: The intestinal microbiota is considered as a potential common underpinning pathophysiology of functional gastrointestinal disorders (FGIDs) and psychiatric disorders such as depression and anxiety, explaining the high comorbidity of both disorders. Fecal Microbiota Transplantation (FMT) has been reported to have therapeutic effects on diseases related to dysbiosis, but few studies have evaluated its effect on psychiatric symptoms. Methods: We followed 17 patients with FGIDs who underwent FMT to treat their bowel symptoms and observed their psychiatric symptoms during the FMT. The changes of Hamilton Rating Scale for Depression (HAM-D) total score, and its subscale of sleep-related items, Hamilton Rating Scale for Anxiety (HAM-A), and Quick Inventory for Depressive Symptoms (QIDS) from baseline to 4 weeks were examined. We used 16SrRNA sequencing method to determine the microbiota composition of each sample, and Shannon index was used to express its diversity. Results: Significant improvement in HAM-D total and sleep subscale score, HAM-A, and QIDS were observed ($p=0.008$, $p=0.008$, $p=0.01$, $p=0.006$, respectively). A subgroup of 8 patients whose gastrointestinal symptoms did not respond to FMT, also showed trend-level improvement in their HAM-D total and sleep subscale scores ($p=0.066$, $p=0.066$, respectively). There was a significant correlation between baseline Shannon index and HAM-D score ($R=-0.57$, $p=0.03$), as well as Shannon index change and HAM-D improvement ($R=0.58$, $p=0.03$). Conclusions: Depression and anxiety symptoms among patients with FGIDs were improved after FMT. Moreover, microbiota diversity was negatively correlated with depression severity. A larger study with a control group is needed in the future.

Berberine protects the liver and kidney against functional disorders and histological damages induced by ferrous sulfate

Author(s): Gholampour F.; Keikha S.

Source: Iranian Journal of Basic Medical Sciences; May 2018; vol. 21 (no. 5); p. 476-482

Publication Type(s): Article

Available at [Iranian Journal of Basic Medical Sciences](#) - from Europe PubMed Central - Open Access

Abstract:Objective(s): Iron is an essential element for living organisms. Iron overload can have detrimental effects on health. This study pertains to the protective role of berberine against ferrous sulfate-induced hepatic and renal functional disorders and histological damages in rats. Materials and Methods: The rats were divided into four groups ($n=7$): Sham, Ber (10 mg/kg/day for 14 days, by gavage), FS (ferrous sulfate, 30 mg/kg/day for 14 days, intraperitoneally), FS + Ber (ferrous sulfate, 30 mg/kg/day for 14 days; berberine, 10 mg/kg/day for 11 days from fourth day of ferrous sulfate injection). After 24 hr, blood, urine, and tissue samples were collected. Results: Compared with sham and Ber groups, administration of ferrous sulfate resulted in liver and kidney dysfunction as evidenced by significantly higher levels of serum hepatic markers and bilirubin, and lower levels of serum albumin, total protein, triglyceride, cholesterol, and glucose, as well as lower creatinine clearance and higher fractional excretion of sodium. This was accompanied by increased malondialdehyde levels and histological damages. Berberine treatment significantly reversed the levels of serum hepatic markers, renal functional markers and lipid peroxidation marker in the FS + Ber group. Furthermore, it restored the levels of serum total protein, albumin, glucose, triglycerides, and cholesterol with a decrease in bilirubin concentration in the blood. All these changes were corroborated by histological observations of the liver and kidney. Conclusion: Berberine protects the liver and kidneys against ferrous sulfate-induced toxicity by reduction in lipid peroxidation and ability to chelate iron. Copyright © 2018, Mashhad University of Medical Sciences. All rights reserved.

Fluctuating consciousness

Author(s): Niere J.; Perez F.; Keever K.

Source: Journal of the American Geriatrics Society; 2018; vol. 66

Publication Type(s): Conference Abstract

Abstract: Pt is a 88 y/o M with PMH recurrent syncope s/p AICD, HTN, and Ischemic cardiomyopathy been hospitalized at different institutions for confusion, blank staring spells, and episodes of non-responsiveness. Patient's daughter states that patient can be eating his food and everything slows down, and patient stares into space and slowly chews his food. Patient has this blank look and is unresponsive from minutes to hours. Patient underwent 48 hour EEG which did not show any seizure like activity during his starting state, his blood pressure was stable during these episodes. Psychiatry diagnosed him with conversion disorder and started patient on low dose Escitalopram. Daughter was concerned because patient also had cognitive and functional decline in spite of medication and home PT. On further investigation, patient had hallucinations and paranoid delusions for several months. His gait was unsteady with h/o several falls. Medications: Lisinopril, Coreg, Escitalopram PMH: Nonischemic cardiomyopathy s/p AICD placement in 2014, LBBB, dyslipidemia, TIA, syncope, CAD, HTN, anemia, prostate cancer, chronic diarrhea PE: BP 155/69 HR 91, No acute distress. EOM intact. Oriented to person and "hospital." Presented with bilateral cogwheel rigidity of wrists and elbows. Intermittent resting and intentional tremor of hands noted. MMSE 21/30, Recall 1/3 with no improvement after cueing. Abnormal clock draw. Dependent with all IADLs and needing assistance with bathing and dressing. Gait is unstable. Labs & imaging: Pt had AKI. CT head showed severe small vessel ischemic disease Discussion: Under-detection of DLB has been attributed to the poor definition of the criterion of Fluctuating consciousness (FC). This is a clinical feature of core significance in the diagnosis of DLB and accurate identification of FC is crucial for differentiating DLB from other dementias. The severity, duration, and type of symptoms involved in fluctuations is quite varied, even for a given patient. Episodes can be subtle, as in a brief decline in ability to perform an activity of daily living, or they may last days and be dramatic enough to raise the question of a stroke or seizure. Unfortunately, it remains a broadly defined phenomenon that is not readily detected in the clinical setting. The current case shows that (FC) in DLB is difficult to differentiate from seizures, CVA, and Conversion disorder. The clinician should consider it when work up for these two entities is negative in the setting of parkinsonism, hallucinations, or cognitive impairment.

Pseudo-dystonia: It's not me; it's you

Author(s): Gill D.; Khan N.; Bates V.; Ceimo J.; Nieri W.J.

Source: Journal of the American Geriatrics Society; 2018; vol. 66

Publication Type(s): Conference Abstract

Abstract: Introduction: Pseudo-dystonia (psychogenic/functional dystonia) is a movement disorder (MD) of unknown neurological cause. Awareness has increased recently. Not fully understood, pathogenesis is presumed due to underlying psychological factors. One theory invokes the subconscious, the person unaware symptoms may be under voluntary control. Some are a form of conversion disorder, triggered by psychic trauma. It is similar to the organic form with abnormal posturing, repeated movements, or tics. MDs are common in geriatrics, and without awareness of pseudo-dystonia, they may go unrecognized or inappropriately treated. Clinical Scenario: A 70 -year-old man with anxiety and depression presented to the ED with 6 months of increased anxiety, one of involuntary movements/grunting. Fed up, his wife had called EMS. Initially noted were involuntary throat clearing/grunting, neck and facial tics, and RUE movements. Non-contrast CT head/brain, CBC, CMP, drug screen and EKG were normal. He was admitted. He felt worse after a move from Indiana, blaming his wife who wanted to be closer to their grandchildren. He denied mania, alcohol

use, illicit drugs, or tobacco. In frustration he drove to Indiana in hopes of improving. Hospitalized there, he returned to Arizona. He was only minimally improved with Zyprexa, Lexapro, and Klonopin despite 6 hospitalizations. New movement symptoms suggested an AE; Zyprexa was decreased, Cogentin added, Klonopin and Lexapro discontinued. We saw higher tic/grunting frequency in his wife's presence, increasing as her voice became higher. He was able to prevent them in her absence. Transitioned to Mirtazapine, he weaned off Zyprexa. Abnormal movements/grunting continued, improved with group and CBT. On discharge, he recognized marital issues and inability to communicate with his wife, agreeing to marital counseling, continued CBT, and regular psychiatric care. Discussion: These complex patients require a multidisciplinary team approach (psychiatrist, MD neurologist, psychotherapist and PT). Conveying the diagnosis non-judgmentally is critical, as is helping understand treatment options. The goal is to lessen symptoms/improve function by helping the brain override triggers. Actively participating patients benefit most from treatment, and provider awareness avoids re-testing and re-admission.

Scared or scarred: Could 'dissociogenic' lesions predispose to nonepileptic seizures after head trauma?

Author(s): Popkirov S.; Carson A.J.; Stone J.

Source: Seizure; May 2018; vol. 58 ; p. 127-132

Publication Type(s): Review

Abstract:A history of head injury is common in patients with psychogenic nonepileptic seizures (PNES). This association has so far been interpreted as either spurious or psychologically mediated. Biased recall and misattribution could foster illness beliefs about brain damage that promote symptom production. Furthermore, the emotional impact of head injury could induce long-term changes in stress responsivity. Lastly, maladaptive cognitive-behavioural processes involving symptom modelling and aversive conditioning, known to play a role in functional neurological disorders, could contribute to the development of PNES after head trauma. Lesional effects of head injury, on the other hand, remain unexplored in the context of PNES. However, even mild traumatic brain injury without structural MRI abnormalities on routine imaging can lead to disruptions of network connectivity that correlate with short-term cognitive impairments and psychiatric symptoms. Since alterations in global functional connectivity have been demonstrated in PNES patients using imaging and electroencephalography, we hypothesize that, in some patients, TBI and the associated disruption of long-range association fibres could contribute to the individual propensity for dissociative experiences in general and PNES in particular. This possibility is explored in the context of new cognitive-behavioural models of PNES pathogenesis, and the concept of a "dissociogenic" brain lesion is introduced. Copyright © 2018 British Epilepsy Association

Systemic Lupus Erythematosus and Sjögren's Syndrome Complicated by Conversion Disorder: a Case Report.

Author(s): Nakamura, Misa; Tanaka, Seiji; Inoue, Tadashi; Maeda, Yasuto; Okumiya, Kiyohito

Source: The Kurume medical journal; May 2018

Publication Type(s): Journal Article

Abstract:Conversion disorder (CD) is sometimes accompanied by motor and sensory impairments, such as muscle weakness, paralysis, sensory hypersensitivity, and sensory loss. Sjögren's syndrome (SS) complicates 5-10% of cases of systemic lupus erythematosus (SLE). Patients with SS or SLE present with various neurological symptoms and psychiatric manifestations. When neurological symptoms are present, it is important to distinguish whether the symptoms are caused by a neurological or a mental disorder because the former requires early intensive intervention, such as methylprednisolone pulse therapy (MPT), whereas psychotherapy or antidepressant drugs are

recommended for mental disorders. We noticed SS- and SLE-like symptoms just after a diagnosis of idiopathic thrombocytopenic purpura in a 14-year-old girl. At approximately the same time, paralysis started in her lower limbs and subsequently spread to her upper limbs. An examination for neurological symptoms revealed no abnormalities. Because of the conversion reaction between her neurological symptoms and her disease state, CD was suspected as the etiology of her physical symptoms. Nevertheless, because of the progressive nature of the neurological symptoms, MPT was initiated with concurrent administration of intravenous immunoglobulin, but it failed to achieve a good outcome. The patient's symptoms eventually improved after she underwent psychotherapy treatment for a few months. Because early diagnosis of the cause of neurological symptoms accompanying SS and SLE is difficult, it may be necessary to combine the two lines of treatment in the early stages. However, when a mental disorder is suspected, psychotherapy should be started early to minimize the use of unnecessary neurological treatment.

Additional occupational therapy considerations for functional neurological disorders: a potential role for sensory processing.

Author(s): Ranford, Jessica; Perez, David L; MacLean, Julie

Source: CNS spectrums; May 2018 ; p. 1-2

Publication Type(s): Journal Article

You've made the diagnosis of functional neurological disorder: now what?

Author(s): Adams, Caitlin; Anderson, Jordan; Madva, Elizabeth N; LaFrance, W Curt; Perez, David L

Source: Practical neurology; May 2018

Publication Type(s): Editorial

Available at [Practical neurology](#) - from BMJ Journals - NHS

Abstract:Patients with functional neurological disorders (FND)/conversion disorder commonly present to outpatient clinics. FND is now a 'rule in' diagnosis based on neurological examination findings and semiological features. While neurologists may be more comfortable diagnosing patients with FND, there is only limited guidance as to how to conduct follow-up outpatient visits. Using clinical vignettes, we provide practical suggestions that may help guide clinical encounters including how to: (1) explore illness beliefs openly; (2) enquire longitudinally about predisposing vulnerabilities, acute precipitants and perpetuating factors that may be further elucidated over time; (3) facilitate psychotherapy engagement by actively listening for potentially unhelpful or maladaptive patterns of thoughts, behaviours, fears or psychosocial stressors that can be reflected back to the patient and (4) enquire about the fidelity of individual treatments and educate other providers who may be less familiar with FND. These suggestions, while important to individualise, provide a blueprint for follow-up FND clinical care.

Selenium-Dependent Antioxidant Enzymes: Actions and Properties of Selenoproteins.

Author(s): Zoidis, Evangelos; Seremelis, Isidoros; Kontopoulos, Nikolaos; Danezis, Georgios P

Source: Antioxidants (Basel, Switzerland); May 2018; vol. 7 (no. 5)

Publication Type(s): Journal Article Review

Available at [Antioxidants \(Basel, Switzerland\)](#) - from Europe PubMed Central - Open Access

Abstract:Unlike other essential trace elements that interact with proteins in the form of cofactors, selenium (Se) becomes co-translationally incorporated into the polypeptide chain as part of 21st naturally occurring amino acid, selenocysteine (Sec), encoded by the UGA codon. Any protein that includes Sec in its polypeptide chain is defined as selenoprotein. Members of the selenoproteins

family exert various functions and their synthesis depends on specific cofactors and on dietary Se. The Se intake in productive animals such as chickens affect nutrient utilization, production performances, antioxidative status and responses of the immune system. Although several functions of selenoproteins are unknown, many disorders are related to alterations in selenoprotein expression or activity. Selenium insufficiency and polymorphisms or mutations in selenoproteins' genes and synthesis cofactors are involved in the pathophysiology of many diseases, including cardiovascular disorders, immune dysfunctions, cancer, muscle and bone disorders, endocrine functions and neurological disorders. Finally, heavy metal poisoning decreases mRNA levels of selenoproteins and increases mRNA levels of inflammatory factors, underlying the antagonistic effect of Se. This review is an update on Se dependent antioxidant enzymes, presenting the current state of the art and is focusing on results obtained mainly in chicken.

Characteristics of Children Hospitalized for Psychogenic Nonepileptic Seizures Due to Conversion Disorder Versus Epilepsy.

Author(s): Luthy, Sarah K; Moss, Angela F; Torok, Michelle R; McLeod, Lisa; Wilson, Karen M

Source: Hospital pediatrics; May 2018

Publication Type(s): Journal Article

Abstract:OBJECTIVESPsychogenic nonepileptic seizures (PNES) are a manifestation of conversion disorder among children but can be difficult to distinguish from epilepsy. We sought to identify characteristics that differentiate children with PNES from those with epilepsy.METHODSWe conducted a retrospective cohort study of children admitted with epilepsy or PNES to 45 children's hospitals from 2004 to 2014. Children with PNES (n = 399) versus those with epilepsy (n = 13 241) were compared on demographic and clinical characteristics, testing, treatment, and health care use. Hierarchical multivariable logistic regression was used to identify characteristics associated with PNES diagnosis.RESULTSChildren with PNES were more likely to be female (adjusted odds ratio [aOR] 2.3; 95% confidence interval [CI] 1.8-3.0), older (aOR 3.8; 95% CI 2.7-5.3 for 14-16 years old), African American (aOR 2.0; 95% CI 1.5-2.7), and have diagnosis codes for psychiatric disorders (aOR 7.1; 95% CI 5.6-9.1) and pain (aOR 2.6; 95% CI 1.9-3.4). They were also more likely to be admitted in the fall (aOR 2.0; 95% CI 1.4-2.8) or spring (aOR 1.9; 95% CI 1.4-2.6) versus summer. Total adjusted hospitalization costs were greater for children with epilepsy (\$4724, 95% CI \$4413-\$5057 vs \$5326, 95% CI \$5259-\$5393; P = .001); length of stay was similar.CONCLUSIONSDemographic and clinical characteristics differed among children with PNES versus those with epilepsy, including significantly increased odds of psychiatric and pain diagnoses among children with PNES. To better inform treatment and prognostication for children with PNES, research is needed to understand reasons for these differences, seasonal admission patterns, and the relationship between PNES and other psychiatric disorders.

A unifying theory for cognitive abnormalities in functional neurological disorders, fibromyalgia and chronic fatigue syndrome: systematic review.

Author(s): Teodoro, Tiago; Edwards, Mark J; Isaacs, Jeremy D

Source: Journal of neurology, neurosurgery, and psychiatry; May 2018

Publication Type(s): Journal Article Review

Available at [Journal of neurology, neurosurgery, and psychiatry](#) - from BMJ Journals - NHS

Abstract:BACKGROUNDFunctional cognitive disorder (FCD) describes cognitive dysfunction in the absence of an organic cause. It is increasingly prevalent in healthcare settings yet its key neuropsychological features have not been reported in large patient cohorts. We hypothesised that cognitive profiles in fibromyalgia (FM), chronic fatigue syndrome (CFS) and functional neurological disorders (FNDs) would provide a template for characterising FCD.METHODSWe conducted a

systematic review of studies with cognition-related outcomes in FM, CFS and FND. **RESULTS** We selected 52 studies on FM, 95 on CFS and 39 on FND. We found a general discordance between high rates of subjective cognitive symptoms, including forgetfulness, distractibility and word-finding difficulties, and inconsistent objective neuropsychological deficits. Objective deficits were reported, including poor selective and divided attention, slow information processing and vulnerability to distraction. In some studies, cognitive performance was inversely correlated with pain, exertion and fatigue. Performance validity testing demonstrated poor effort in only a minority of subjects, and patients with CFS showed a heightened perception of effort. **DISCUSSION** The cognitive profiles of FM, CFS and non-cognitive FND are similar to the proposed features of FCD, suggesting common mechanistic underpinnings. Similar findings have been reported in patients with mild traumatic brain injury and whiplash. We hypothesise that pain, fatigue and excessive interoceptive monitoring produce a decrease in externally directed attention. This increases susceptibility to distraction and slows information processing, interfering with cognitive function, in particular multitasking. Routine cognitive processes are experienced as unduly effortful. This may reflect a switch from an automatic to a less efficient controlled or explicit cognitive mode, a mechanism that has also been proposed for impaired motor control in FND. These experiences might then be overinterpreted due to memory perfectionism and heightened self-monitoring of cognitive performance.

Conversion Disorder Diagnosis and Medically Unexplained Symptoms.

Author(s): Redinger, Michael James; Crutchfield, Parker; Gibb, Tyler S; Longstreet, Peter

Source: The American journal of bioethics : AJOB; May 2018; vol. 18 (no. 5); p. 31-33

Publication Type(s): Journal Article

The distinguishing motor features of cataplexy: a study from video-recorded attacks.

Author(s): Pizza, Fabio; Antelmi, Elena; Vandi, Stefano; Meletti, Stefano; Erro, Roberto;

Source: Sleep; May 2018; vol. 41 (no. 5)

Publication Type(s): Journal Article

Abstract: **Study Objectives** To describe the motor pattern of cataplexy and to determine its phenomenological differences from pseudocataplexy in the differential diagnosis of episodic falls. **Methods** We selected 30 video-recorded cataplexy and 21 pseudocataplexy attacks in 17 and 10 patients evaluated for suspected narcolepsy and with final diagnosis of narcolepsy type 1 and conversion disorder, respectively, together with self-reported attacks features, and asked expert neurologists to blindly evaluate the motor features of the attacks. Video documented and self-reported attack features of cataplexy and pseudocataplexy were contrasted. **Results** Video-recorded cataplexy can be positively differentiated from pseudocataplexy by the occurrence of facial hypotonia (ptosis, mouth opening, tongue protrusion) intermingled by jerks and grimaces abruptly interrupting laughter behavior (i.e. smile, facial expression) and postural control (head drops, trunk fall) under clear emotional trigger. Facial involvement is present in both partial and generalized cataplexy. Conversely, generalized pseudocataplexy is associated with persistence of deep tendon reflexes during the attack. Self-reported features confirmed the important role of positive emotions (laughter, telling a joke) in triggering the attacks, as well as the more frequent occurrence of partial body involvement in cataplexy compared with pseudocataplexy. **Conclusions** Cataplexy is characterized by abrupt facial involvement during laughter behavior. Video recording of suspected cataplexy attacks allows the identification of positive clinical signs useful for diagnosis and, possibly in the future, for severity assessment.



Library Opening Times

Staffed hours: 8am-5pm, Monday to Friday

Swipe-card access: 7am-11pm, seven days a week

Level 5, Education and Research Centre

University Hospitals Bristol

Contact your Outreach Librarian:

Jo Hooper

library@uhbristol.nhs.uk

Ext. 20105