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OBJECTIVE

- To examine the possible differences in mood states and psychological factors between women with psychogenic movement disorders (PMD) and psychogenic seizures (PS).

BACKGROUND

- As neurologists become more familiar with the phenomenological spectrum of movement disorders and seizures, they tend to refer to specialty clinics the more atypical disorders, many of which have psychogenic origin.
- About 5% of individuals treated in movement disorder centers are diagnosed with PMD, whereas 20-30% of patients referred to epilepsy centers for refractory seizures are ultimately diagnosed with PS.
- The etiopathogenesis of PMD and PS is poorly understood, but both of these conditions occur mostly in women and are frequently associated with mood disorders.

PARTICIPANTS

- We examined 16 women diagnosed with PMD and 17 age-matched women with PS.

Table 1 - Demographics

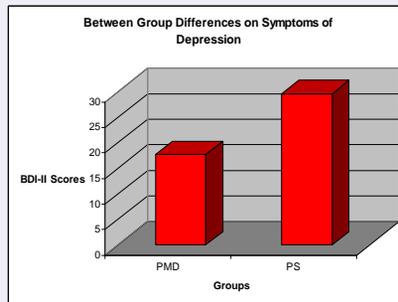
	PMD	PS
Age	40.2 (11.4)	38.8 (10.6)
Years of Education	14.5 (1.95)	13.1 (2.08)
Ethnicity		
Caucasian	81.2%	52.9%
African American	NA	23.5%
Hispanic	6.2%	23.5%
Asian	12.5%	NA
Age of Sx Onset	35.5 (11.7)	28.2 (14.9)
Years of Sx	4.40 (5.32)	10.8 (9.56)

PARTICIPANTS CONT'D.

- A significant difference between group on years of symptomatology was found ($p=0.03$). This variable did not significantly correlate with the outcome measures.
- Diagnoses were based upon Fahn and Williams criteria and video-EEG monitoring in the PMD and PS groups, respectively.
- Participants underwent a standardized psychological interview and a comprehensive neurological examination along with administration of the Beck Depression Inventory-Second Edition (BDI-II) and the Beck Anxiety Inventory (BAI).

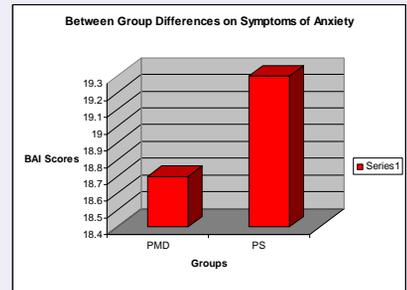
RESULTS

- A significant group difference was found between the PMD and the PS groups for symptoms of depression ($t=-2.55$; $p=0.016$).
- While the PMD group's mean on the BDI-II was classified as mild with a mean score of 17.7, the mean score of 29.6 for the PS group categorized their symptoms within the severe range of emotional distress.



- Both the PMD and the PS groups fell within the mild classification for symptoms of anxiety.
- No significant difference was found for anxiety scores ($t=-0.16$; $p=0.87$).

RESULTS CONT'D.



- Furthermore, 44% of the PMD sample met criteria for a diagnosis of depression and 81% met criteria for a diagnosis of anxiety.
- In contrast, 94% and 100% of the PS sample met criteria for clinical diagnoses of depression and anxiety, respectively.
- Moreover, only 25% of the PMD sample reported a history of abuse in comparison to 60% of the PS patients.

SUMMARY & CONCLUSIONS

- We found a significant between group difference on emotional distress, specifically severity of depression, with the PS group reporting a higher level of symptomatology in comparison to the PMD group.
- We hypothesize that the constant physical symptoms expressed by the PMD group function as a coping mechanism or outlet for psychological distress, which in turn ameliorates their poor mood state.
- In contrast, the more intermittent episodes experienced by the PS group may be less effective in reducing emotional turmoil.
- Further examination of psychological similarities and differences, including dissociation tendencies and locus of control in these two categories of psychogenic disorders is warranted.