

## **#3113 Evaluating the PCL-C as a measure of trauma and PTSD symptoms in patients with functional neurological symptom disorder**

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### **Aims**

Functional Neurological Symptom Disorder (FNSD) is common and disabling. Historically trauma was considered an essential aetiological factor, but the precise contribution of trauma to the disorder, and resulting disability, remains controversial. The PCL-C is a self-reported screening tool for PTSD symptoms based on DSM-IV criteria. A previous study in patients with FNSD demonstrated high scores on the PCL-C, with a reduction in scores following psychotherapy. However strong correlations with other psychological co-morbidities raised the possibility that the PCL-C may be capturing non-specific distress rather than indicators of previous traumatisation. The present study aimed to investigate (i) whether underlying factors measured by the PCL-C can distinguish specific trauma-memory-related symptoms from less specific emotion-regulation-related symptoms, (ii) the extent to which individual factors correlate with other psychopathology and health-related quality of life (HRQoL) measures and (iii) whether different factors change with psychotherapy, all in patients with FNSD.

### **Methods**

An exploratory factor analysis of PCL-C responses from 473 FNSD patients pre-and post-psychotherapy was performed to generate 1-4 factor models. The final factor model was determined through confirmatory factor analysis. Relationships between PCL-C factors, measures of comorbidities (depression, somatisation and anxiety) and HRQoL were assessed using regression analysis. Pre- and post-psychotherapy scores were compared.

### **Results**

The best model for the PCL-C comprised of two-factors: factor 1 ('intrusive symptoms') explained 55.2% of the variance, whilst factor 2 ('emotional dysregulation') explained 7.8% of the variance. Both factors reduced in severity after psychotherapy, but factor 2 reduced by more and correlated more strongly with a decrease in depression and anxiety than factor 1. Changes in depression, anxiety, somatic symptoms and mental HRQoL predicted 61.9% of the change in factor 2, but only 49.2% in factor 1. Improvements in mental HRQoL were strongly associated with a decrease in factor 2, but less so in factor 1.

### **Discussion**

The factor analysis revealed the PCL-C represents two correlated but distinguishable symptom clusters in patients with FNSD: 'intrusive symptoms' and 'emotional dysregulation'. Both were elevated in our patient sample. The high level of intrusive symptoms suggests many patients with FNSD experience classical post-traumatic symptoms, which may indicate that subjective traumatic experiences contribute to pathogenesis and resulting disability. These symptoms showed some reduction with psychotherapy, but the greater reduction in emotional dysregulation symptoms and associated improvements in mental HRQoL suggest that psychotherapy may be more

effective in reducing the burden of comorbidities and providing better coping strategies than in addressing core symptoms of the underlying disorder.