

**#3031 Title: Outcome and evaluation of an outpatient multidisciplinary group-based rehabilitative therapy programme for functional neurological disorder.**

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**Aims:**

We report findings from an eight-week rehabilitative therapy programme, delivered in a neuropsychiatric outpatient setting, with co-primary aims to (1) reduce symptom severity, and (2) improve functional mobility, in selected adults with a diagnosis of Functional Neurological Disorder (FND). Effectiveness of the programme was assessed in regard to outcome data routinely collected throughout the programme, and at three-month follow-up.

**Method:**

Following appropriate referral, criteria screening and initial assessment, suitable individuals attended as day patients for two days per week over an eight-week period, and a follow-up session provided at three months. The programme comprised individual sessions of Physiotherapy (PT), Cognitive Behavioural Therapy (CBT) and self-management, as well as group physiotherapy workshops and psycho-educational sessions. Outcome measures included the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI-ii), Work and Social Adjustment Scale (WSAS), and clinician-rated observation of mobility-aid requirement. Mobility-aid requirement was categorised as follows: unaided, walking-aid, and wheelchair user. Analyses included only data from individuals completing both treatment and follow-up ( $n = 31$ ). Friedman's ANOVA assessed overall change in outcome measure scores over time. Dunn-Bonferroni post-hoc tests were used to compare pairs of time-points (Weeks 1, 8, three-month follow-up).

**Results:**

There were statistically significant overall improvements on the BAI,  $\chi^2(2) = 15.35$ ,  $p < .001$ , BDI-ii,  $\chi^2(2) = 24.61$ ,  $p < .001$ , WSAS,  $\chi^2(2) = 24.61$ ,  $p = .001$ , and in category of mobility-aid requirement,  $\chi^2(2) = 19.50$ ,  $p < .001$ . Descriptive statistics indicated that 45% of patients could mobilise unaided prior to programme attendance, with 84% able to mobilise unaided at follow-up. Post-hoc Dunn-Bonferroni tests indicated that reductions in scores were significant between Week 1 and Week 8 for the BAI,  $p = .004$ , BDI-ii,  $p < .001$ , and WSAS,  $p = .004$ , and between Week 1 and three-month follow-up for the BAI,  $p = .002$ , BDI-ii,  $p = .001$ , and WSAS,  $p = .006$ .

**Conclusions:**

These findings suggest that an outpatient rehabilitative therapy programme can be a beneficial treatment approach, as patients reported reduced symptom severity in terms of anxiety, depression, and functional impairment, as demonstrated by scores on the BAI, BDI-ii and WSAS, and displayed improvements in mobility, as determined by

reduced mobility-aid requirement. Although further evaluation would be encouraged to address limitations of these findings, they serve as a positive indication of an effective alternative to inpatient treatment.