

#3121 Title: Adapting the Queen Square Guided Self Help (QGSH) for Functional Neurological disorders as a stand-alone intervention: an Exonian pilot study

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Aim

Functional neurological disorders (FND) are one of the most common presentation in neurology clinics, causing a significant disability and economic burden. Cognitive behavioural therapy (CBT) has one of the best available evidence in managing FND, although access remains limited. Queen Square, London neuropsychiatry experts have established an excellent model for a CBT based, Guided Self Help (GSH) programme, which is preparatory to a multidisciplinary inpatient treatment. It has been shown to have good outcomes. This study was designed to ascertain the feasibility and acceptance of this QGSH model, in an Exonian cohort of FND patients, whilst piloting its stand-alone version, without the inpatient component. Additionally, the study explores the need and types of modifications required for the stand-alone adaptation of QGSH.

Method:

Consecutive patients referred to Exeter FND Service, between February to June 2020, who had internet access, were offered the QGSH pilot. Patients with a primary mental disorder concurrent drug/alcohol misuse or risk of self-harm or suicide were excluded. Ethics approval was not required. The QGSH intervention constitutes of 11 modules focussing on specific elements crucial to FND management along with homework tasks, delivered by the author, under supervision by QGSH experts. Patients completed Pre and Post-intervention questionnaires as well as structured feedback.

Results

Three successive patients with varied FND symptoms were recruited to the pilot between February and June 2020. The baseline health status of these patients was worse as compared to EQ-5D-5L population norms with significant baseline psychiatric comorbidity. Outcome measures used before and after QGSH intervention included PHQ 9, GAD 7, EQ-5D-5L and a locally devised symptom severity questionnaire. Necessary modifications were made to the program based on the patients' informal feedback and structured formal feedback was sought in the end.

Conclusion

All patients derived some benefit from QGSH and certain modifications were suggested in patient feedback to improve engagement. Despite study limitations, especially small size and the impact of Covid 19 pandemic during the intervention; QGSH model appears acceptable and feasible in an Exonian cohort, however, some modifications are recommended for the stand-alone version to succeed. The recommendations will be presented.