

Changes in referral patterns to an inpatient FND service: implications for clinical management of pain



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Introduction

Inpatient treatment programmes can be an important option for the treatment of Functional Neurological Disorder (FND), particularly in severe or disabling cases. However, there are few inpatient facilities for FND in the UK. Our well-established inpatient FND programme in the Neuropsychiatry Department at the National Hospital for Neurology and Neurosurgery, London, constitutes a 4-week multidisciplinary approach. Aside from psychiatric and neurological assessments, patients receive therapy from mental health nurses, psychologists, physiotherapists, occupational therapists and speech and language therapists. The programme can be physically demanding and intensive.

Referrals to our inpatient FND service have increased over time, and patients present with a wide range of functional symptoms, including pain. It is increasingly recognised that there is a significant overlap between pain and FND. Pain can be a prominent symptom of FND(1), and patients with chronic pain can also present with FND symptoms (2). Furthermore, the presence of pain has been linked to worse outcomes for patients with FND (3).

Aims:

- Establish whether a greater number of patients are presenting with pain in 2021-2023 compared to 2012-2015
- Examine pain related comorbidities and analgesia prescriptions across both time periods
- Compare outcome measures between patients presenting with pain and without pain

Methods

We report an evaluation of our inpatient FND service using a retrospective review of patients admitted to the inpatient programme. We compared data from two time periods, 2012 to 2015 and 2021 to 2023. Patient notes were examined retrospectively and the age, gender, comorbidities and current medication were recorded for all patients.

The type of FND signs and symptoms patients presented with were also recorded including pain. Patients were not recorded to be presenting with pain unless it was an active symptom they were experiencing at time of admission i.e. this was not recorded if patients had a history of chronic pain, fibromyalgia or similar conditions but were not experiencing pain at time of admission.

Outcome measures were recorded for both time periods.

Outcome Measures Recorded	
2012-2015 Time Period	2021-2023 Time Period
<ul style="list-style-type: none"> • HoNOS (Health of the Nation Outcome Scores) • COPM (Canadian Occupational Performance Measure) • FIM/FAM (Functional Independence Measure/Functional Assessment Measure) 	<ul style="list-style-type: none"> • COPM (Canadian Occupational Performance Measure) • EQ5D5L (European Quality of Life 5 Dimensions 5 Level Version)

Data from both time periods was compared in terms of how many patients presented with pain. Outcome measures for patients presenting with and without pain were compared within each time period.

Statistical analysis was performed using IBM SPSS Statistics software. Probability values of < 0.05 were taken to be significant.

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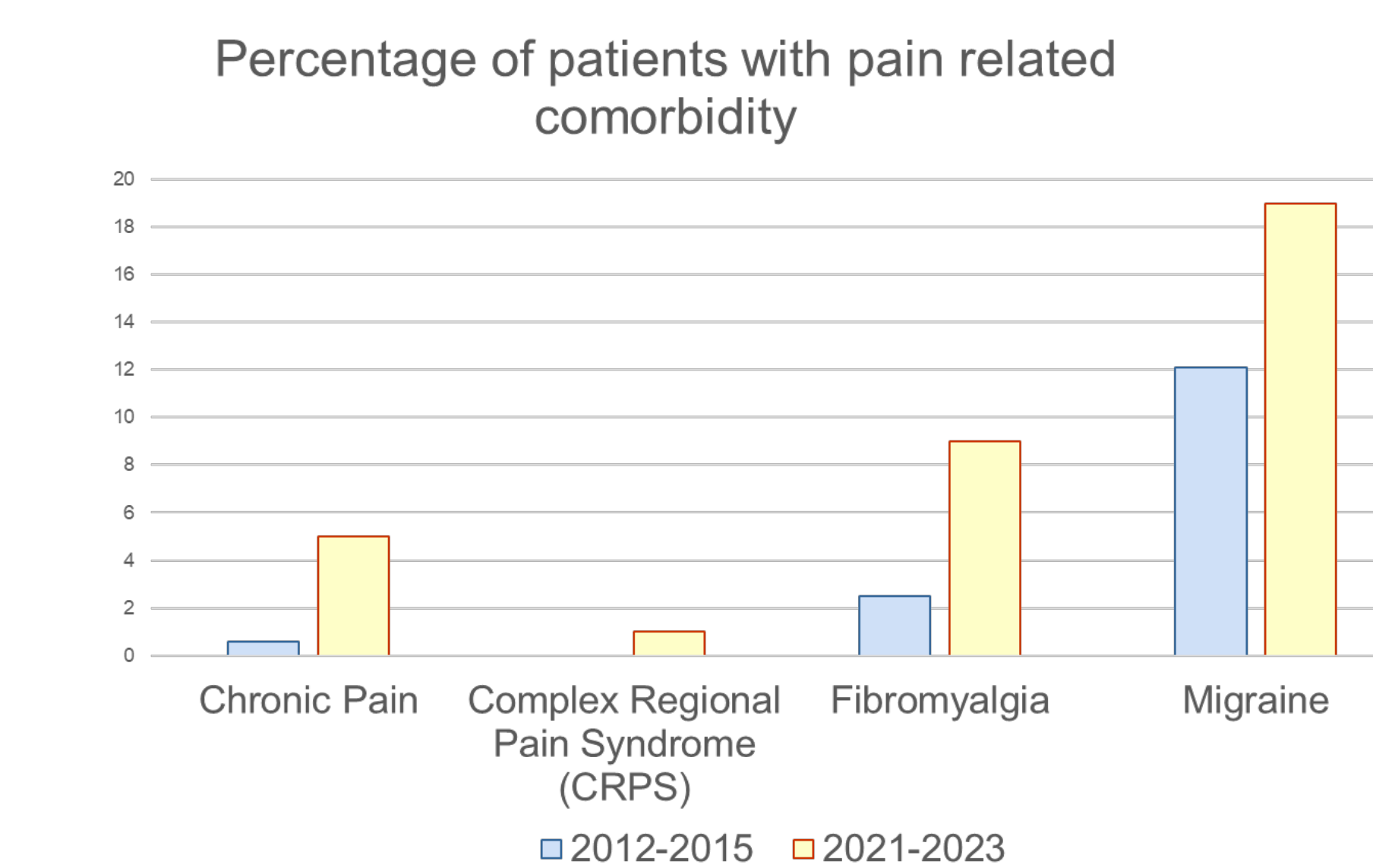
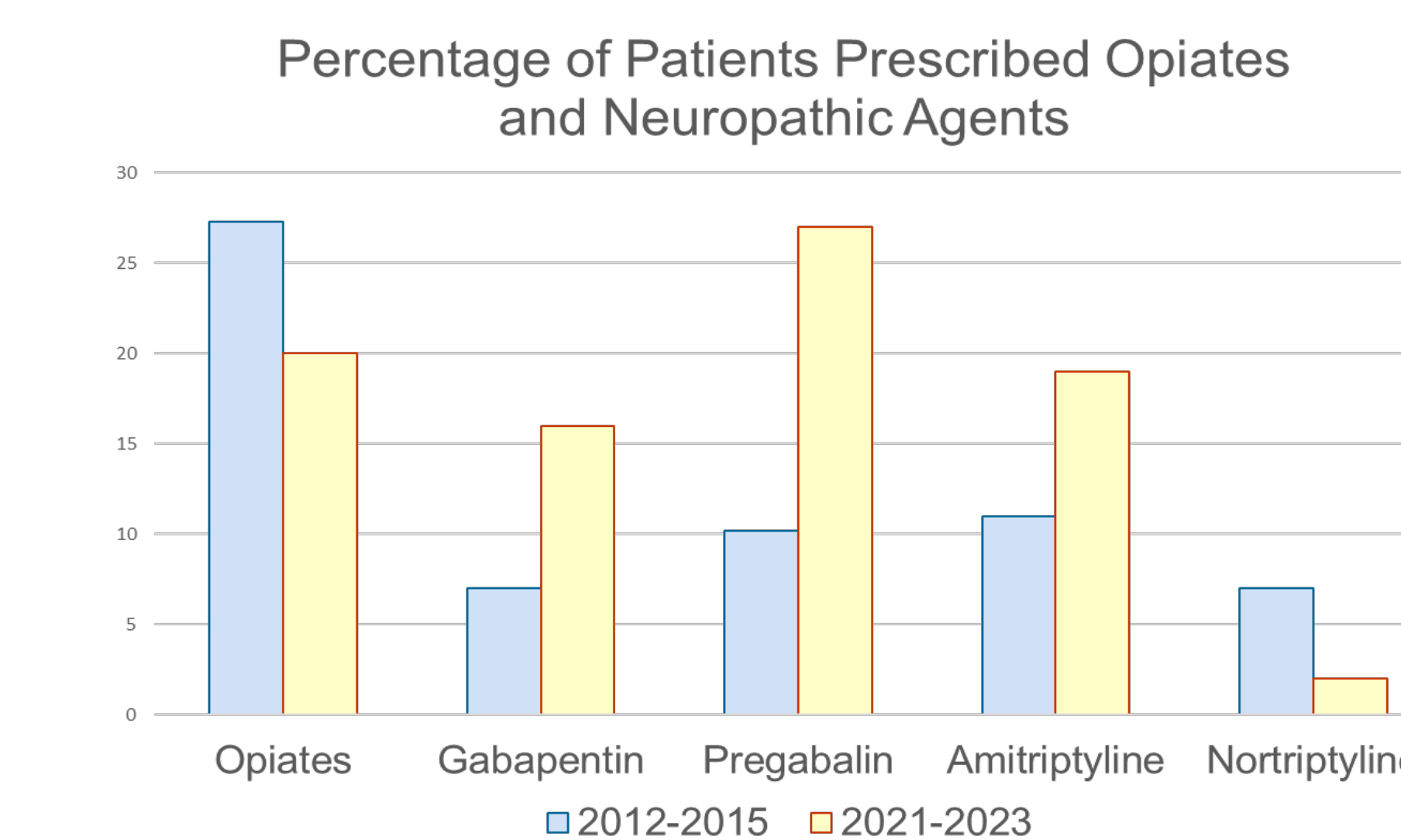
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Hughlings Jackson ward multidisciplinary team, NHNN

Results

Demographics and Pain		
Time Period	2012 – 2015 (n = 157)	2021 – 2023 (n = 100)
Sex, female	101 (64.3%)	71 (71%)
Average age	41	41
Number of patients presenting with pain on admission	25 (15.9%)	51 (51%)



2012 – 2015 Time Period Outcome Measures			
Mean change from admission to discharge	Pain	No Pain	Significance (p)
HoNOS	-2.74	-3.35	NS
COPM Performance	1.79	2.83	p = < 0.05 (Two-sided p = 0.038)
COPM Satisfaction	1.99	3.59	p = < 0.05 (Two-sided p = 0.014)
FIM/FAM Total	13.75	19.74	p = < 0.05 (One-sided p = 0.042)

2021 – 2023 Time Period Outcomes Measures			
Mean change from admission to discharge	Pain	No Pain	Significance (p)
COPM Performance	3.17	3.44	NS
COPM Satisfaction	4.32	4.56	NS
EQ5DL5	24.42	23.08	NS

Conclusion

Our results suggest that pain is a common symptom among patients with FND and is often one of the main issues patients wish to address during admission. The percentage of patients presenting with pain in 2021-2023 is greater than in 2012-2015 (51% versus 15.9%). Despite this, the percentage of patients prescribed opiates was higher in the 2012-2015 cohort (27.3% versus 20%). These findings may reflect a shift to increased prescribing of neuropathic pain agents such as gabapentin and pregabalin, which was higher in the 2021-2023 cohort. The percentage of patients with pain-related comorbidity such as chronic pain, fibromyalgia, CRPS and migraine was also noted to be higher in the 2021-2023 cohort.

Our results also suggest that pain may be related to worse outcomes during the inpatient program. However, this was only seen in the 2012-2015 cohort. There were no significant differences in outcome measures in the 2021-2023 cohort, possibly due to insufficient sample size.

Current MDT inpatient programmes for FND like ours may not be fully equipped to address pain or opiate medications/withdrawal. A cohesive approach with input from a pain management service or incorporating pain management into an FND multidisciplinary team may improve clinical outcomes.

References

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