FND in the Older Adult Population – Can They Get Better?

Talia Eilon, Emer O'Connor, Panayiota Petrochilos, Jacqueline Foong

Hughlings Jackson Ward, Dept of Neuropsychiatry, National Hospital for Neurology and Neurosurgery

Introduction

Functional neurological disorder (FND) can present later in life, but research focused on older adult patients and their treatment outcomes remains limited. Despite the growing recognition of FND, most studies primarily examine younger populations, leaving a critical gap in understanding whether rehabilitation programs are suitable for older adults or require a differently tailored approach. Older patients are more likely to have comorbid psychiatric and neurological conditions, and there is a risk that FND in this demographic may be overlooked, leading to potentially unnecessary or even harmful interventions. Older adults face an increased risk of social isolation and long-term disability. Furthermore, older adults may be subject to stigmatizing assumptions that they are less cognitively flexible or capable of engaging in a multidisciplinary team (MDT) approach, potentially leading to the perception that they are more complex to manage than other FND patients. More research focused on this subgroup is necessary to address these critical gaps in knowledge and improve care strategies.

Aim

This service evaluation examined the subgroup of older adult patients (≥ 60 years) who participated in the Queen Square FND rehabilitation programmes. The objective of the study was to assess demographics, patient engagement, and clinical outcomes, including symptom improvement and functional recovery. We wanted to examine whether the older adult subgroup presented a different illness profile to the more "typical" FND patient, and whether patients who had a later age at onset of FND or longer duration of symptoms would derive equal clinical benefit from the time-limited, MDT-lead treatment model which combines neuropsychiatric assessment, physiotherapy, occupational therapy and psychotherapy. This study also served to audit the standard of record keeping and collection of clinical outcome measures for these programmes.

Method

A retrospective audit of clinical records from the National Hospital for Neurology and Neurosurgery's FND rehabilitation service was performed from Oct 2024 to Jan 2025

Data extraction: TE + EC reviewed patient letters via electronic record systems; outcome questionnaires on admission and discharge

Sample:

- Inclusions: Patients diagnosed with FND, aged > 60 years at admission who undertook a 4-week inpatient programme or 5-week outpatient programme at NHNN between April 2021 – December 2024
- Exclusions – one patient was excluded from the sample after it became apparent that her symptoms were not due to FND during admission.

Clinical outcome measures:

- Patient Health Questionnaire (PHQ-9)
- Generalised Anxiety disorder questionnaire (GAD-7)
- Canadian Occupational Performance Measure (COPM)
- Work and Social Adjustment Scale (WSAS)

Demographics

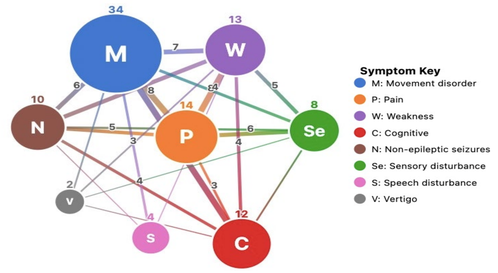
- 44 total patients - Inpatient (18) + Outpatient (26) – **11**% of the total cohort seen at NHNN over the evaluation period.
- Gender: **28 females** (64%), **16 males** (36%)
- Age: mean **66.8** years (Range: 60-84)
- Age at symptom onset: mean **58** years
- Duration of FND Sx: mean **8.9** years (range 1-42)
- **33** patients (75%) had an identifiable trigger prior to Sx onset

Psychiatric comorbidities: Depression: 25 patients (56%); Anxiety: 21 patients (48%); Panic Attacks: 7 patients (16%); PTSD: 6 patients (14%); Hx Self-harm/Suicide attempts: 5 patients (11%); Schizophrenia: 1, Alcohol dependence:1

Pre-existing neurological comorbidities were present in 21 patients (47%).

Distribution of reported FND symptoms:

- Functional movement disorder: 34 (77%); Pain 14 (32%); Weakness 13 (30%); Functional cognitive impairment 12 (27%); Non-epileptic seizures 10 (22%); Sensory disturbance 8 (13%); Speech disturbance 4 (9%); Vertigo 3 (7%)



Symptom network graph demonstrating co-occurrence of functional symptoms

Results

PHQ-9

- **13/30** patients (43%) had clinically significant depression on admission (scoring moderate or above)
- Average score decreased from 10.6 (moderate) to 6.9 (mild) from admission to discharge

GAD-7

- 11/30 patients (37%) clinically significant anxiety on admission (scoring moderate or above)
- Average score decreased from 8.5 (moderate) to 5.6 (mild)
- 22 patients (79%) showed improvement

COPM

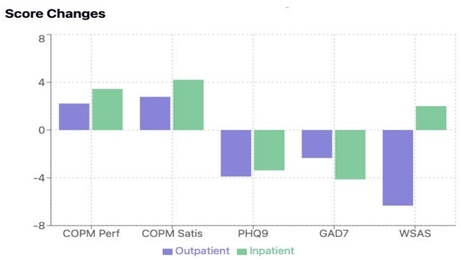
- Change in Performance Mean: + 2.76 (range 0.0 – 7.0; SD: 1.74)
- Change in satisfaction – Mean: + 3.44 (range -0.2 – 9.2 ; SD: 2.34)

WSAS

- Degree of impairment at admission- low: 3 (11%), moderate:11(39%), severe: 14 (50%)
- Impairment at discharge discharge- low: 12 (40%), moderate: 9 (30%), severe: 9 (30%)
- Average score decreased from 18.7 to 14.0
- 22 patients (78.6%) showed slight improvement
- Inpatient scores increased by +2 (range +4 – -12)

Inpatient VS Outpatient

- Inpatients generally started with higher severity scores
- Inpatients showed higher improvements in anxiety (GAD7) and occupational therapy performance scores (COPM)
- Outpatients showed improvement in functioning work/social adjustment (WSAS) though inpatients showed a non-clinically significant worsening (+2 points).
- None of the comparisons between the inpatient and outpatient groups demonstrated statistically significant differences.



Change in outcome measures showing mean differences in scores from admission to discharge

Conclusion

Older adults with FND demonstrated significant improvements in mood symptoms and functional performance outcomes, supporting the therapeutic benefit of an MDT-lead rehabilitation programme in this age group. There was no clinically significant difference in outcomes between inpatient and outpatient settings. These findings highlight the complex presentation of FND in this population and the potential for meaningful recovery. Further research with larger sample sizes are needed to optimize treatment strategies.

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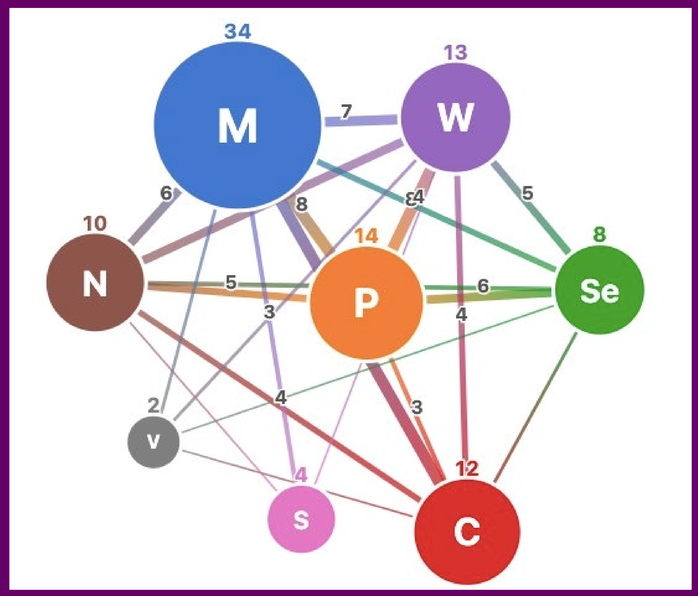

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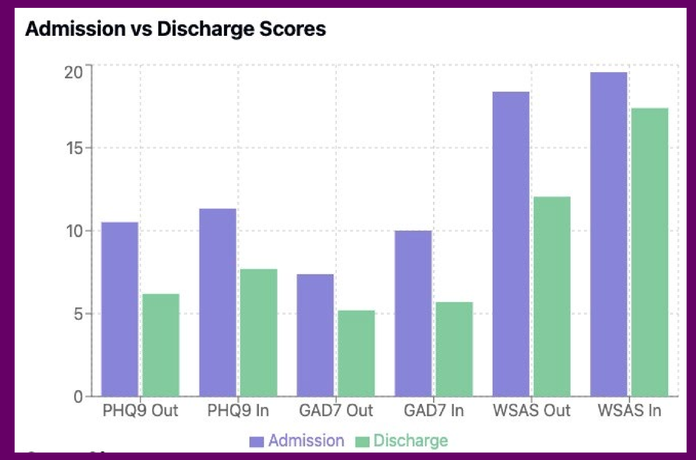

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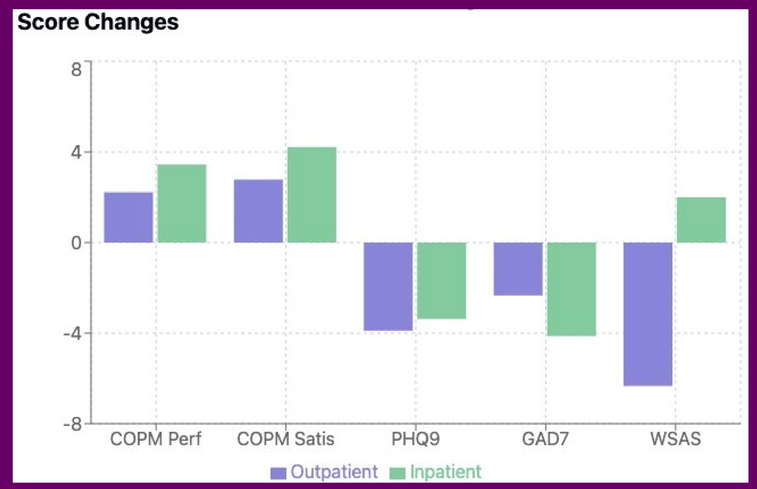

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