



Professor Jon Stone

Professor of Neurology at the University of Edinburgh and Consultant Neurologist with NHS Lothian.

Bio

Jon was a medical student in Edinburgh before working in Oxford, Leeds and Newcastle and then returning to Scotland. Since 1999 Jon has promoted a new transparent, pragmatic and multidisciplinary approach to FND which had been a neglected and stigmatised problem.

In 2009 he made the first website (and now app) for patients with FND at www.neurosymptoms.org which is now widely used across the world. He has published over 350 articles in the area including large cohort, mechanism, and treatment studies. and led on new diagnostic criteria for FND in DSM-5 and ICD-11. He is the first Secretary and co-founder, with Mark Hallett and Alan Carson of the new international FND society (www.fndsociety.org).

His awards include the Jean Hunter prize from the Royal College of Physicians (2014), the Royal College of Psychiatry President's Medal (2017), the Ted Burns Humanism in Neurology Award from the American Brain Foundation (2020) and the John Walton Lecture Award from the Association of British Neurologists (2022).

Weblinks

www.neurosymptoms.org;
<https://www.ed.ac.uk/profile/dr-jon-stone>;
Twitter: @jonstoneuro

Presentation Abstract

Functional Neurological Disorder (FND) – past, present and future

In this talk, I will discuss where we've been, where we are and where we are going with clinical and research aspects of functional neurological disorder (FND) 2. I will do so with particular relevance to physiotherapy.

- How things were - FND was previously Conversion Disorder in DSM-IV. It was a diagnosis of exclusion which couldn't be made unless there was a recent stressful event. Neurologists who generally made the diagnosis were typically disinterested or ambivalent about whether FND was similar to feigned illness. The treatment was considered purely psychological.
- How things are – FND is now firmly a diagnosis of inclusion with positive signs like Hoover's sign, the tremor entrainment test and typical features of seizures. Entities like Persistent Postural Perceptual Dizziness and Functional Cognitive Disorder have pushed the boundaries of how we define FND. Positive diagnosis also allows us to approach communication with the patient in the same way as any other condition and has helped us recognise a high frequency of FND comorbidity in patients with other neurological conditions. FND is a disorder that challenges dualistic ideas about the brain and mind. Studies of the neural underpinnings of the disorder don't negate the importance of a psychological perspective - but do help rebalance it as a multidisciplinary condition – and not just the domain of psychiatry. Predictive processing models are especially promising³.

I will describe how the evidence-base for physiotherapy⁶, OT, psychological⁷ and other therapies^{8,9} has emerged from this new way of thinking about the disorder.

- Where things are going – The FND Society (fndsociety.org) is a new international society with around 1000 members and a meeting in Verona 2024 that highlights new vigour in the field. We are discovering new things about comorbidity, especially with Autism/ADHD and joint hypermobility as well as developing novel approaches to treatment, especially for patients where treatment has failed. Data from the largest trial of physio, Physio4FMD, should be available for presentation. The FND field has been particularly successful at working with patient-led organisations such as fndhope.org and fndaction.org.uk and I think future success lies in strengthening these collaborations.

Workshop Abstract

Functional Neurological Disorder (FND) and physiotherapy – success, relapses, and pitfalls

In this session I aim to take an interactive approach to discussing the practical management of the patient with FND – especially those with motor symptoms most encountered by physiotherapists. I will discuss, using case-based material, FND topics including the following:

- Explanation of the diagnosis
- Principles of therapeutic assessment
- Applying new knowledge about the mechanisms and aetiology of FND to physio
- Principles of FND focused physio (acknowledging that I am not a physio!)
- Managing relapses and the patient who doesn't improve
- Managing comorbid pain, fatigue, other FND symptoms and psychiatric disorder
- Specific physiotherapy role in Persistent postural perceptual dizziness (PPPD)
- Management in paediatrics and people with intellectual difficulties
- Difficult cases including the patient who doesn't agree with the diagnosis, the patient in a legal case, the patient with suspected feigning instead of FND