

Why Diagnosing Functional Neurological Disorders is hard?

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Diagnosing Functional Neurological Disorder (FND) can be really tough, and that's because there isn't a single test or biomarker that can give us a clear "yes" or "no" answer. Let's break that down.

Imagine genetic testing. For some conditions, like sickle cell anemia, a simple test can confirm the diagnosis. According to the National Institutes of Health, sickle cell anemia is a blood disorder where red blood cells become rigid and shaped like sickles, causing pain and potential damage to organs (Check out more about sickle cell [here](#)). This disorder happens because of a mutation in one specific gene, so doctors can run a targeted genetic test to see if that mutation is there.

Now, what about biomarkers? Biomarkers are measurable signs in the body that give us clues about our health. Think of things like blood pressure, body temperature, pulse, or heart rate—these are examples of physiological biomarkers. There are also molecular biomarkers, like red blood cell counts or hormone levels. Take type 2 diabetes, for instance. It's often diagnosed by measuring blood sugar levels, which is a clear, measurable indicator (Learn about how to diagnose type 2 diabetes [here](#)).

But with FND, it's different. There isn't a specific test result or biomarker that tells doctors if someone does or doesn't have FND. Without a clear physical indicator, doctors have to consider lots of different factors. This is where things can get complicated, and sometimes mistakes happen.

What Are the DSM-5 and ICD-11, and Why Do They Matter in Diagnosing FND?

You may have heard of the DSM-5 or the ICD-11 when talking about medical or mental health diagnoses, but what exactly are these manuals, and why are they so important in diagnosing conditions like FND?

Let's start with the DSM-5. The DSM-5 stands for the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. It's basically the "bible" for mental health professionals in the United States and is published by the American Psychiatric Association. It covers everything from anxiety disorders to depression to FND. Think of it as a checklist that doctors use to figure out what condition a patient might have.

(If you want to dive into some medical jargon, you can check out the DSM online [here](#). Note: this website is for educational purposes only, always consult a qualified doctor if you need medical advice or support.)

The ICD-11, on the other hand, stands for the International Classification of Diseases, 11th Revision, and it was created by the World Health Organization (WHO). Unlike the DSM-5, the ICD-11 is used all over the world and covers not only mental health disorders but also all kinds of medical conditions. It helps make sure that diseases and disorders are diagnosed in a standard way, no matter where you are. See ICD-11 for FND [here](#).

When doctors need to diagnose something tricky like FND, they turn to the DSM-5 or ICD-11. These manuals provide clear guidelines on what symptoms need to be present for a diagnosis. For example, if a patient shows signs like sudden muscle weakness or tremors, the doctor will check the DSM-5 or ICD-11 to see if the patient's symptoms match the criteria for FND.

(If you're interested in learning more about the criteria for FND from both manuals, take a look at this study [here](#). For a quick and clear overview, head straight to Table 1.)

However, the DSM-5 and ICD-11 also have some downsides. The criteria in these manuals can be quite strict, and not everyone's symptoms fit neatly into these categories, they also don't always account for how cultural or background differences can influence how symptoms show up. For example, certain people express emotional distress through physical symptoms, like stomach pain or headaches, rather than describing feelings of anxiety or sadness. Additionally, labels can also oversimplify complex disorders. For instance, even though FND is a real disorder with physical symptoms, some people might wrongly think it's "all in someone's head."

Common Tests for Diagnosing Functional Neurological Disorders

Diagnosing FND involves specific tests that look for signs of a functional issue rather than a structural problem, like damage to nerves or muscles. Let's explore some common tests doctors use and what they mean.

One of the most common tests is called [Hoover's Sign](#). This test is used to assess leg weakness. If someone says they can't lift one of their legs, the doctor might ask them to press down with their other leg, as if stepping on a gas pedal. Normally, pressing down with one leg causes the other leg to lift automatically because of how our muscles work together. However, in someone with FND, the leg might not lift when asked to move intentionally, but it might still lift when the person is distracted by pressing down with the other leg. This inconsistency is a key feature of FND.

Another helpful test is for give-way weakness. In this test, the doctor applies steady resistance to the patient's arm or leg and asks them to push or hold their strength. In someone with FND, the muscle might feel strong at first but then suddenly "give way" or weaken without warning.

This weakness often comes and goes quickly. In contrast, weakness caused by a neurological condition like a stroke would stay consistent throughout the test.

There are many other possible tests depending on the patient's symptoms, such as the [Romberg test](#), [Gait testing](#), etc. These tests are important because they help doctors identify positive signs of FND rather than just ruling out other conditions. This approach allows for a confident diagnosis and avoids unnecessary tests or treatments.

It's worth noting that FND is a real and treatable condition, even though it doesn't have a structural cause like a damaged nerve or muscle. If you're going through these tests, it's natural to feel unsure or even nervous, but understanding what the doctor is looking for can make the process clearer. The goal is to understand your symptoms better and start the journey toward effective treatment.

Reference

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