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EXAMINATION OF THE RELATIONSHIP BETWEEN PSYCHOSOMATIC DIAGNOSIS AND INTERPERSONAL RELATIONSHIPS IN PATIENTS WITH FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER

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BACKGROUND AND AIM: Functional Neurological Symptom Disorder (FNSD) is characterized by motor, sensory or cognitive changes that do not correspond with existing neurological or medical conditions. These changes may include symptoms such as non-epileptic seizures, abnormal movements or loss of strength. Since the beginning of the millennium, the focus on neurobiological causes in the etiology of FNSD has begun to expand old psychological theories and investigate new psychological factors (Edwards et al. 2012, Fobian and Elliott 2019). In our study, we aimed to examine attachment styles, interpersonal relationships and problems, which are some of the areas where there is not enough data in the literature in patients with FNSD. In addition, taking into account the close relationship of this disorder with diseases characterized by other psychosomatic symptoms, we aimed to contribute to the FNSD literature with additional findings on the psychosomatic profiles of FNSD patients with the Diagnostic Criteria for Psychosomatic Research (DCPR), which was developed by an international group of researchers working in the field of psychosomatics and which transforms psychosocial variables into individual diagnostic tools. In this context, studies on subgroups of FNSD, especially Psychogenic Non-Epileptic Seizures (PNES) and other forms of PNSD are usually compared in clinical basis (Erro et al. 2016). However, in our study, we aimed to examine PNES and non-PNES patients from a multidimensional perspective by evaluating not only clinical differences but also psychosocial factors.

METHODS: 65 patients who were referred to Istanbul University Istanbul Faculty of Medicine (İUFOM) Department of Psychiatry, Division of Consultation-Liaison Psychiatry (CLP) by İUFOM Department of Neurology; who had been followed up for a while with a diagnosis of FNSD at the CLP or general psychiatry outpatient clinic, who were referred to İUFOM Department of CLP for further examination by Koç University Faculty of Medicine, Department of Neurology, who were diagnosed with FNSD by a psychiatrist or neurologist; and 65 healthy controls were included. Participants were assessed using sociodemographic and clinical data, Structured Clinical Interview for DSM-5 Disorders-Clinician Version (SCID-5-CV), Experiences in Close Relationships-Relationship Structures (ECR-RS), and Inventory of Interpersonal Problems- Circumplex Scales Short Form (IIP-32). Psychosomatic diagnoses were examined by the Diagnostic Criteria for Psychosomatic Research (DCPR) only in the patient group. Statistical analyses in the study were performed with NCSS 2007 (Number Cruncher Statistical System) software. Descriptive statistics (mean, standard deviation, median, IQR) were calculated and normality was evaluated by Shapiro-Wilk test. Independent t-test was used for normally distributed data, Mann-Whitney U test was used for non-normally distributed data, Chi-square and Fisher reality test were used for qualitative data, and Pearson correlation was used for relationships between variables ($p<0.05$ was considered significant). Ethical Approval: Ethical approval was obtained from the İstanbul University İstanbul Faculty of Medicine Clinical Research Ethics Committee (Protocol number: 2023/2344).

RESULTS: In the patient group, the rate of females and males was 80% and 20%, respectively. The mean age of the patient group was 35.54 ± 11.47 years. Forty-seven patients (72.3%) were diagnosed with psychogenic non-epileptic seizures (PNES), while the remaining 18 patients (27.7%) had other types of FNSD (14 patients were diagnosed with functional movement disorder, 2 patients with psychogenic vertigo and 2 patients with functional speech disorder). At least one active psychiatric comorbidity was detected in 61.54% of FNSD patients. The most common comorbidities were major depressive disorder (29.23%), anxiety disorders (24.62%) and somatic symptom and related disorders other than FNSD (20%). Comorbidity rate of PNES and epilepsy was 44.62% (27 patients). A number of differences were found between the patients with FNSD and the control group. The rate of individuals with a past psychiatric history was significantly higher in the patient group compared to the control group ($p=0.0001$). According to the DCPR results, the most common DCPR diagnoses in the patient group were conversion symptoms (87.7%), persistent somatization (63.1%), type A behaviour (41.5%), lack of resistance (40%) and alexithymia (38.46%). In general, attachment anxiety in relationships was found to be significantly higher in the patient group, and anxiety and avoidance levels related to the partner were also found to be higher compared to the control group. In terms of interpersonal problems, dominant controlling, vindictive egocentric,

intrusive needy and cold distant interpersonal patterns were more prominent in the patient group, and the levels of social inhibition and inability to defend oneself were also higher. In addition, certain correlations were found between the scales. In the patient group, the number of DCPR diagnoses showed significant positive correlation with the total score and various subscale scores of the IIP-32, and with the scores of the maternal anxiety dimension (r=0.317, p=0.010) and the partner anxiety dimension (r=0.379, p=0.002) of the ECR-RS. Partner anxious attachment dimension stands out as the attachment dimension showing the strongest relationship with interpersonal problems. Significant positive correlations were found especially with the cold distant, socially withdrawn, unassertive and overly agreeable subscales of the IIP-32, and it was also positively correlated with the total score. As a result of the comparison of PNES and non-PNES subgroups, the rate of complaint-free periods lasting at least three months was found to be significantly higher in PNES patients than in non-PNES patients (p=0.002). No significant difference was found between the two subgroups in terms of attachment dimensions and styles, interpersonal problems and psychosomatic profiles.

CONCLUSIONS: In this study, it was determined that problems in interpersonal relationships and high levels of attachment anxiety were observed together in patients with FNSD. The prevalence of conversion symptoms, persistent somatization and type A behavior, according to the DCPR diagnoses, indicates that FNSD has a complex structure based on a psychosomatic basis. In the comparison between PNES and non-PNES subgroups, no significant difference was found in terms of interpersonal problems, attachment styles and dimensions, and psychosomatic profiles, suggesting that different subtypes of FNSD may share a common psychopathological background. Our results reveal that FNSD patients have significant problems in their interpersonal relationships. Therefore, taking psychosomatic diagnoses into account and focusing on the effects of interpersonal problems on symptoms in the clinical evaluation and treatment processes of FNSD patients may increase treatment success.

Keywords: Attachment styles, DCPR (Diagnostic Criteria for Psychosomatic Research), Functional Neurological Symptom Disorder (FNSD), Interpersonal problems, Psychogenic Non-Epileptic Seizures (PNES)