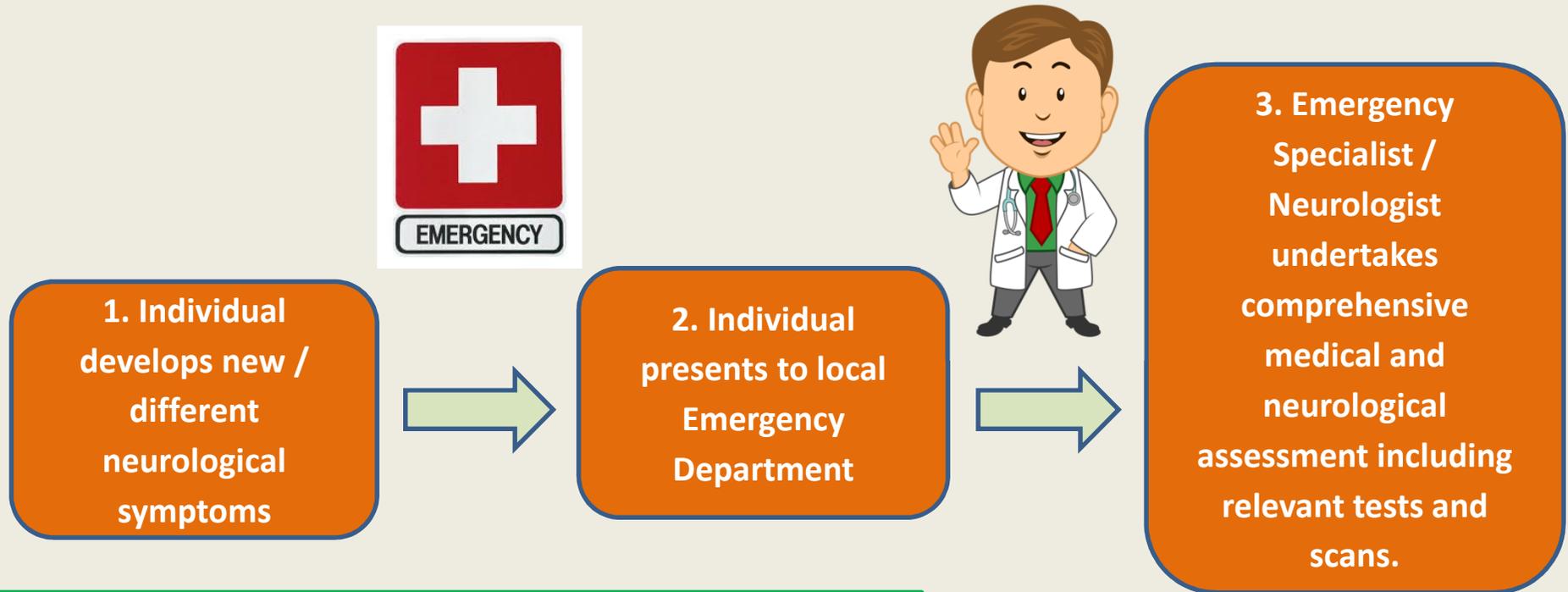


A consumer journey to diagnosis and treatment for FND

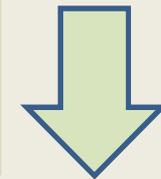


- A holistic and individualised treatment plan is developed with multi-disciplinary team input to meet the person's rehabilitation and wellness needs.
- When functional deficits are ongoing, adaptations are prescribed to maximise independence in daily living activities and participation in social, community and economic activities.
- Individual and family receive peer support and recovery tips from FND Australia Support Services Inc.

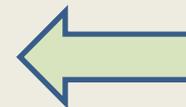


FND Australia
Support Services Inc

FND Diagnosis
based on Positive
Signs



4. Neurologist
provides a
therapeutic
diagnosis of FND.



SYMPTOMS: Functional Neurological Disorder [FND] symptoms are distressing and disabling. Symptoms include an inability to walk, severe weakness, paralysis, abnormal movements, tremors, seizures and severe fatigue. People may lose the ability to swallow or talk, and experience a variety of speech problems. People may also experience sensory problems (e.g. blindness), cognitive issues and/or loss of bowel and bladder control.

DIAGNOSIS: FND symptoms are similar to other neurological conditions such as Epilepsy, M.S., Stroke and Parkinson's. A person may have FND and neurological disease, called a functional overlay. In hospital, scans, such as a CT, MRI and lumbar puncture will be taken to check for neurological disease, along with comprehensive blood testing. FND can be positively diagnosed using a Hoover sign and/or a tremor entrainment test.

COMMUNICATING THE DIAGNOSIS: FND is due to problems in the functioning of the nervous system, in the absence of structural damage to the nervous system. Functional imaging studies have found patients with motor FND have hypo-activation in areas of the brain responsible for motor function and hyper-activation of the amygdala. Using a computer analogy FND has been described as a "software malfunction" in the absence of damaged "hardware" [the brain and spinal cord]. Because there is no structural damage to the nervous system the person retains the potential for recovery.

TREATMENT: The brain is neuro-plastic, meaning it can lay down new neural pathways. Without treatment the brain may reinforce "non-functional" neural pathways. Treatment aims to normalise movements, and strengthen "functional brain pathways". Treatment must be tailored to the individual. A comprehensive multi-disciplinary team may include a neuro-physiotherapist, occupational therapist, neuro-psychologist, speech therapist, neuro-psychiatrist and neurologist, depending on the specific needs and symptoms experienced by the individual. Peer support helps the person to feel less alone, and learn new tips to support recovery and well-being in daily life. The G.P.'s role is to coordinate the care and treatment, including referrals to practitioners and programs such as the Enhanced Primary Care plan [five subsidised allied health appointments] and Mental Health Care plan [10 subsidised psychological sessions].

For more information see
www.fndaus.org.au

