

Information for patients from JNNP

Study finds factors that occur commonly with functional weakness

What do we know already?

Functional weakness is a loss of strength in a part of the body, usually the arms or legs, which is caused by a person's nervous system not working properly. Unlike other kinds of limb weakness, it is not due to damage to or a disease of the nervous system.

People with functional weakness can experience symptoms which can be disabling and frightening. It can cause difficulty walking as they may drag their feet or legs behind them, or have a feeling of a 'heaviness' on one side of their body. They can have trouble holding things, or can experience a feeling that a limb just doesn't feel normal or 'part of them'. This is called dissociative disorder.

Functional weakness can be mistaken for a stroke or symptoms of multiple sclerosis. But unlike these conditions, functional weakness can get better or even go away completely.

Doctors know some of the things that make a person more likely to have functional weakness. These are called risk factors and they include problems in childhood, or traumatic life events.

But we know much less about the circumstances during which functional weakness occurs. To find out more, specialists interviewed 107 people who had functional weakness for more than 2 years and asked them how and when it started, and how it felt for them.

What does the new study say?

Sixty-seven people said functional weakness affected one side of their body, 17 said it affected one limb, three people said three limbs and nine people said it affected all four limbs. Eleven people said it affected both of their legs. Just under half of patients (49) said their functional weakness had started suddenly, and while they were awake. Sixteen said they first started experiencing symptoms when they woke up from sleep one morning, or having come round after being put to sleep for an operation. The remaining 42 patients said their symptoms started gradually over a period of around six hours or more.

In the group who said their symptoms started suddenly, the most common symptom was a panic attack, which occurred in 29 of the 49 people. A physical injury to the affected limb was next most common and happened to 10 people. Other symptoms people reported happened at the same time as the start of their symptoms were migraines and fits.

In the waking group, some people said they experienced - at around the same point in their illness - insomnia (2 people), panic attacks (4 people), or pain from the moment of waking (6 people).

In the gradual onset group, the most common symptoms were pain (in 12 people) and weakness and fatigue (in 11 people). Some people said that they began to feel that one half of their body was more tired and weak than the other.

How reliable are the findings?

Studies of this kind are valuable for finding out detailed information from individual patients about an illness. But studies like this can have limited conclusions because they tend to be small and we don't know how widely the results apply, and whether they apply to other people with an illness.

In this study, the researchers were not able to take into account the impact of recent life events, and could not account for the context in which the symptoms occurred. Also the study is limited to what the patients were able to remember and if they were able to accurately remember situations and events, like physical injuries.

What does this mean for me?

This study means that it's possible that the way functional weakness begins could be classed as sudden onset, from sleep, or gradual. It's also useful to find out the symptoms and circumstances associated with the onset of functional weakness. The researchers say this could offer potential clues to understanding how functional weakness develops.

Stone J, Warlow C, Sharpe M. Functional weakness: clues to mechanism from the nature of onset. *J Neurol Neurosurg Psychiatry* 2012;**83**:67-9. <http://jnnp.bmj.com/content/83/1/67.full>

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