

Personality traits and psychological characteristics in functional movements disorders

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Introduction: Psychological characteristics of patients with Functional Movement Disorders (FMD) are still unclear.

Objectives: Aim of the study was to assess personality traits and psychological characteristics of patients with FMD.

Methods: Patients affected by clinically definite FMDs were enrolled and compared to patients affected by Organic Weakness (OW). Personality was assessed with the administration of the Rorschach according to Exner’s comprehensive system and the Structured Clinical Interview for Personality Disorders (SCID-II). The presence of alexithymia was assessed with the Toronto Alexithymia Scale (TAS-20). Self-reported general psychological features were assessed with the Symptom Checklist-90 (SCL-90), total score and sub-items: somatization, obsessive-compulsive, interpersonal sensibility, depression, anxiety, anger-hostility, phobic-ideation, paranoid ideation, psychoticism, sleep disorders.

Results: Thirty-one patients affected by FMD (27 women; mean age 40.2 ± 15.5 years) and 24 patients affected by OW (18 women; mean age 35.8 ± 16.3 years) were enrolled. In the FMD group, the predominant symptom was weakness, variously associated with other movement symptoms. The OW group was represented by patients with multiple sclerosis (n.19), post-ischemic stroke weakness (n. 4) and amyotrophic lateral sclerosis (n.1). At the Rorschach test, the avoidant type of coping was significantly more frequent among patients with FMD than OW. Moreover, patients with FMD presented a significantly higher frequency of “popular” responses and “Human” responses than patients with OW. At the SCID-II no significant differences were recorded. At univariate analysis, patients with FMD presented significantly higher SCL-90 (both global score sub-items) and TAS-20 scores than patients with OW. However, at multivariate analysis, only the association between FMD and SCL-90 somatization was confirmed (OR 11.3; 95% CI 1.90-67.23; p-value 0.008).

Conclusions: FMD presented an avoidant coping style and a markedly conformist personality. Moreover, a strong association between FMD and SCL-90 somatization was found.