

Functional Camptocormia and the role of psychotherapy: a case report

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Introduction: Functional Camptocormia (fC) is a rare functional motor disorder (FMD) characterized by a disabling pathological, forward bending of the trunk, not compatible with recognized neurological or medical conditions [1]. The literature suggests an interdisciplinary approach for FMD treatment [2,3], but, more recently, emphasizes the role of physiotherapy over psychotherapy. Here, we report a case of fC whose symptoms completely remitted after cognitive-behavioral therapy (CBT).

Case presentation: A 59-year-old woman came to attention for a severe fC which developed about 6 years earlier following a psychological trauma. Her fC was severe enough to impair her gait and balance. Several pharmacological and physiotherapy approaches were attempted in the past with no benefit. Although she had received several different diagnosis including that of depression with conversion symptoms, we communicated the diagnosis of functional motor disorders according to recent suggestions and referred her to CBT.

Results: The CBT was focused on emotional literacy, the identification of both the antecedent (situational context) and thought/belief that activates behavior/symptom (functional analysis), disputing of irrational beliefs, and the emphasis on adult leadership with the integration of all parts of the personality. The whole treatment aimed to increase safety sense and meta-cognitive processes. After about 2 years of CBT, the patient learned to recognize and register the presence of physical sensations, emotions, thoughts and behaviors related to the emotional state and to physiologically react to any antecedents and any thoughts/beliefs and she does not have anymore any motor symptoms.

Discussion: In our case, fC completely remitted with CBT. Therefore, although the current suggestions emphasize the role of physiotherapy, we believe that psychotherapy is fundamental for positively treat patients with functional neurological disorders, even in the presence of motor symptoms.

References:

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