

Functional Disorders in Neurology and Gastroenterology: Notes on Terminology, Classification and Stigma

Perturbações Funcionais em Neurologia e Gastroenterologia: Notas Sobre Terminologia, Classificação e Estigma

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Dear Editor,

We read with great interest a report of a rare cause of dysphagia due to osteophytes in which the authors wish to illustrate the importance of a thorough assessment of swallowing complaints.¹ The relevance of a comprehensive diagnostic assessment of any presenting symptom is indisputable.

However, our attention was directed towards the fact that initially the patients' symptoms were consistent with neurogenic dysphagia since the patient suffered from Parkinson's disease. This reminded us of a different, albeit related topic. Terms and descriptors such as psychogenic, dissociative, psychosomatic, hysteria, non-organic, and medically unexplained are often still used to describe neurological (and related to other organ systems) conditions in which a full diagnostic work-up (including clinical examination, laboratory and additional testing) does not reveal other primary diagnoses or objective structural findings.

This terminology is outdated and not in line with our current knowledge about functional disorders, their pathophysiology, or even most modern classification systems.^{2,3} Even more troublesome is the prevalent use in doctor-patient interactions of expressions explicitly implying that symptoms are feigned, psychological, or all in the head.

This is not just a matter of semantics of minor importance. The way these disorders are conceptualized, diagnosed, and communicated to patients is of the utmost importance as it can deeply impact patients' expectations, prognosis, and ultimately their recovery potential.³⁻⁵ There is a long history, and knowledge about these complex conditions has advanced significantly in recent years.² Stigma,

preconceptions, and prejudice regarding these disorders stem partly from faulty previous diagnostic concepts and the schism between different conceptual frameworks.^{2,3,5}

These functional gastrointestinal and neurological symptoms fit in the categories of functional gastrointestinal and motility disorders (FGIMD) and functional neurological disorder (FND), respectively. FGIMD are best conceptualized as disorders of the gut-brain interaction (including functional dysphagia) involving visceral hypersensitivity, abnormal gastrointestinal motility, inflammation, microbiome imbalances, and intestinal permeability.⁴ As for FND, there have been many advances in the understanding of these conditions, and they are currently conceptualized as involving disturbances of self-agency (subjective implicit sense of volitional control of one's actions), attentional mechanisms, salience, emotional processing, and interoception (bidirectional sensory signaling between internal organs and the brain generating a sense of an internal state of the body).³ The diagnosis of FND in particular is not one of exclusion but based on history and positive findings on examination.³

A detailed overview of the recommended diagnostic and management approaches of these diverse and complex disorders is outside the scope of this article. However, we would like to highlight the importance of considering these symptoms and functional disorders according to the current paradigm that should increasingly guide our clinical practice and future phenomenological, clinical, and basic research.

AUTHORS CONTRIBUTION

TT: Concept, writing original draft and subsequent revisions.

RO: Critical review of the manuscript.

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