psychological and stress factors might either have helped to trigger the condition or have developed along the way and be adding to symptoms.

If these factors seem relevant, then they should be actively treated too, for example with cognitive behavioural therapy. If pain is a dominant symptom, then joint management with a pain clinic is an excellent idea.

Usually it is best to avoid surgical treatments (such as tendon lengthening operations or joint fusions) as these can worsen the situation.

Treatment of functional paroxysmal dystonia is generally cognitive behavioural therapy by an experienced therapist who has treated similar patients before. This is the most effective and useful thing to try first.

The Dystonia Society provides information and support to people affected by dystonia in the UK.

Our helpline offers an opportunity to discuss concerns in confidence and to get information about dystonia.

Our website, www.dystonia.org.uk, has information on dystonia and a lively forum. Sign up on the website for our free e-newsletter.

Our helpcards can help you to explain your condition to people you meet.

Join us – become a member and receive our quarterly newsletter. Call: 0845 458 6211 or email info@dystonia.org.uk or go to the Membership page on our website.

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March 2015
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Registered Charity No: 1062595 and SC042127
Dystonia causes involuntary muscle contractions which lead the affected parts of the body to develop abnormal movements or postures, with or without tremor.

**Functional dystonia** is a condition where some specific symptoms of dystonia appear but tests that normally establish the cause of these symptoms are negative.

Functional dystonia breaks down into two types: functional fixed dystonia and functional paroxysmal dystonia.

**Symptoms**

The symptoms of **functional fixed dystonia** are fixed abnormal posture of the affected limb often combined with a lot of pain. Often the limb that is postured cannot be moved and, when someone else tries to move it, the limb is fixed in position. Such symptoms are usually caused by degeneration of the brain or a stroke, but patients with functional fixed dystonia do not show evidence of this. Tests like “scanning the brain” or “checking the nerves and muscles” are normal.

The symptoms of **functional paroxysmal dystonia** are similar to paroxysmal dystonia – intermittent attacks of abnormal postures. However, unlike paroxysmal dystonia, the attacks do not have very particular duration or triggers. Often epilepsy is considered as a possible diagnosis, but tests for epilepsy are negative.

In functional dystonias, there is a problem with the voluntary movement system. Symptoms tend to alleviate when distraction techniques are used which seems to indicate that conscious attention is very important in maintaining symptoms. Unfortunately, this means that many patients are told by doctors that the symptoms are "made up" or "imagined", but the reality is much more complex.

**Cause**

Many people with functional dystonia report that the problem is triggered by an event, often a physical illness or injury. In addition, many patients report a background of stress and psychological difficulty.

It is possible that the combination of these two factors (or even one on its own) causes the brain to learn an abnormal pattern of movement or posture which becomes ingrained in the system and occurs without the person’s control. Because it is part of the voluntary system of movement that has malfunctioned, distraction and other techniques can transiently improve the situation. Much work remains to be done to try to understand how these disorders develop.

**Treatment**

There is unfortunately a lack of evidence about which treatment is best as these types of dystonia have been rather neglected (as they just don't fit). However, in general, tablets used for dystonia are not effective for these forms of functional dystonia, and can cause side effects.

Treatment of **functional fixed dystonia** is generally a multi-disciplinary rehabilitation approach aimed towards getting the limb moving again including an intensive programme of physiotherapy and occupational therapy.

The treatment process should also involve an open-minded discussion between the patient and their doctor as to whether