Functionele cognitieve stoornis

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NIP Symposium FNS en FCS

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Belangenverstrengeling

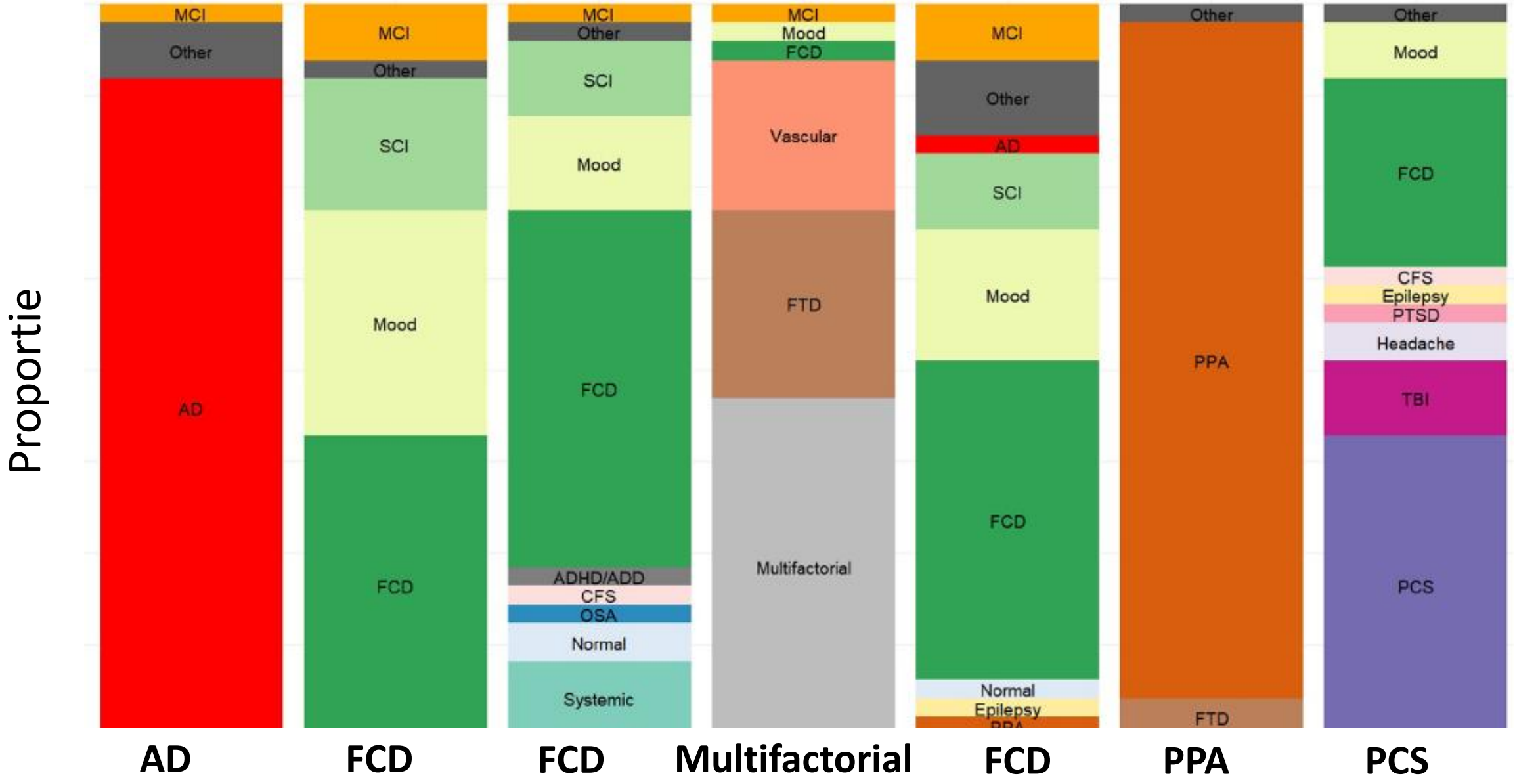
- Geen

Casus 1

- 78-year-old woman, academic retired. Complains of “bad memory” that has been progressing during the last 2 years. When questioned she states “I forget everything”, without giving any further examples. The patient appreciates the presence of her husband in the clinic, as “he is someone who she can always check with”. Family is very concerned as she already lost her way home a couple of times and is no longer able to leave the house alone, but she does not seem to recognise her impairment. No changes in sleep habits or appetite, and no behavioral disturbances were noted. Neurological examination is unremarkable except for copying hand movements. She scores 22/30 on MMSE (failing orientation to time and delayed recall).

Casus 2

- 64-year-old woman, recently retired, independent, living on her own. Complains of “forgetfulness” (e.g., what she was going to pick up from the kitchen and people's names on TV), although she recognises the ability to recall it moments later. She describes a single episode when she went “blank” and couldn't remember her telephone number. She must check her things regularly to not leave them on the bus or at the supermarket. As she is so worried about her memory, she stopped attending the swim classes and rarely leaves the house now. She attends the clinic alone and there is no collateral source of information. Neurological examination is entirely normal. On bedside cognitive testing, she struggles to complete the required tasks, looking anxious and concerned about a potential failure, but ends up scoring appropriately for her norm.



Cabreira et al. 2025: Perspectives on the diagnosis and management of functional cognitive disorder: an international Delphi study

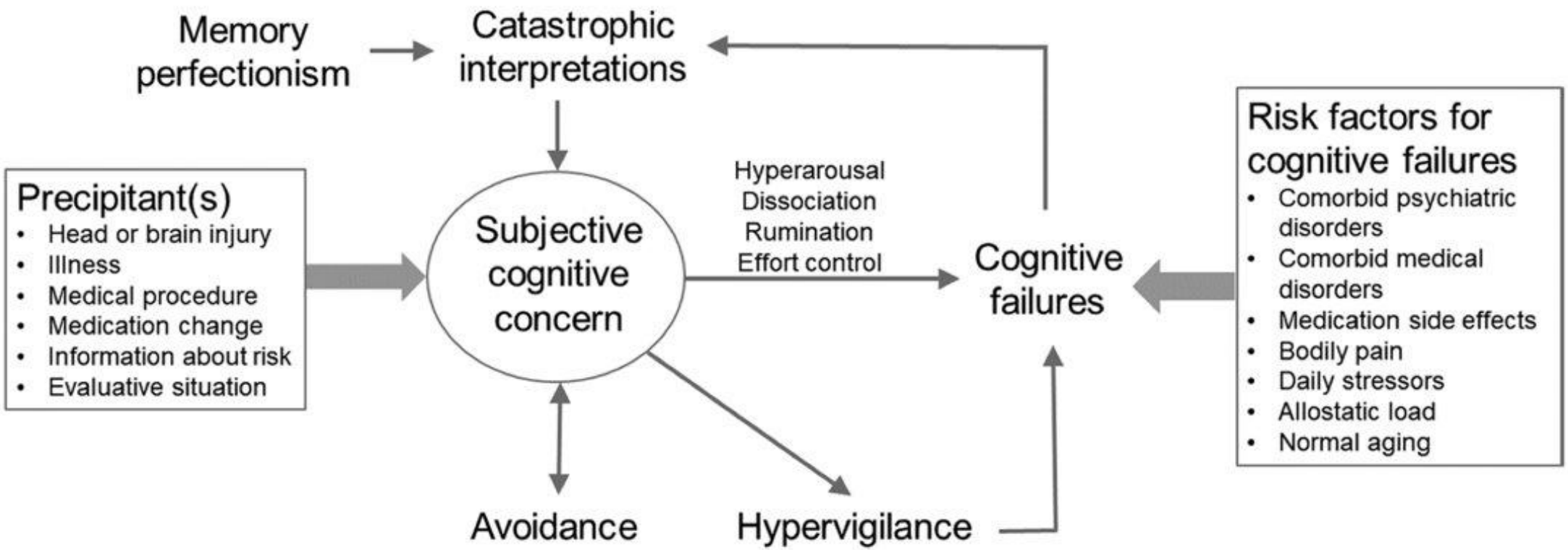
Functionele cognitieve stoornis

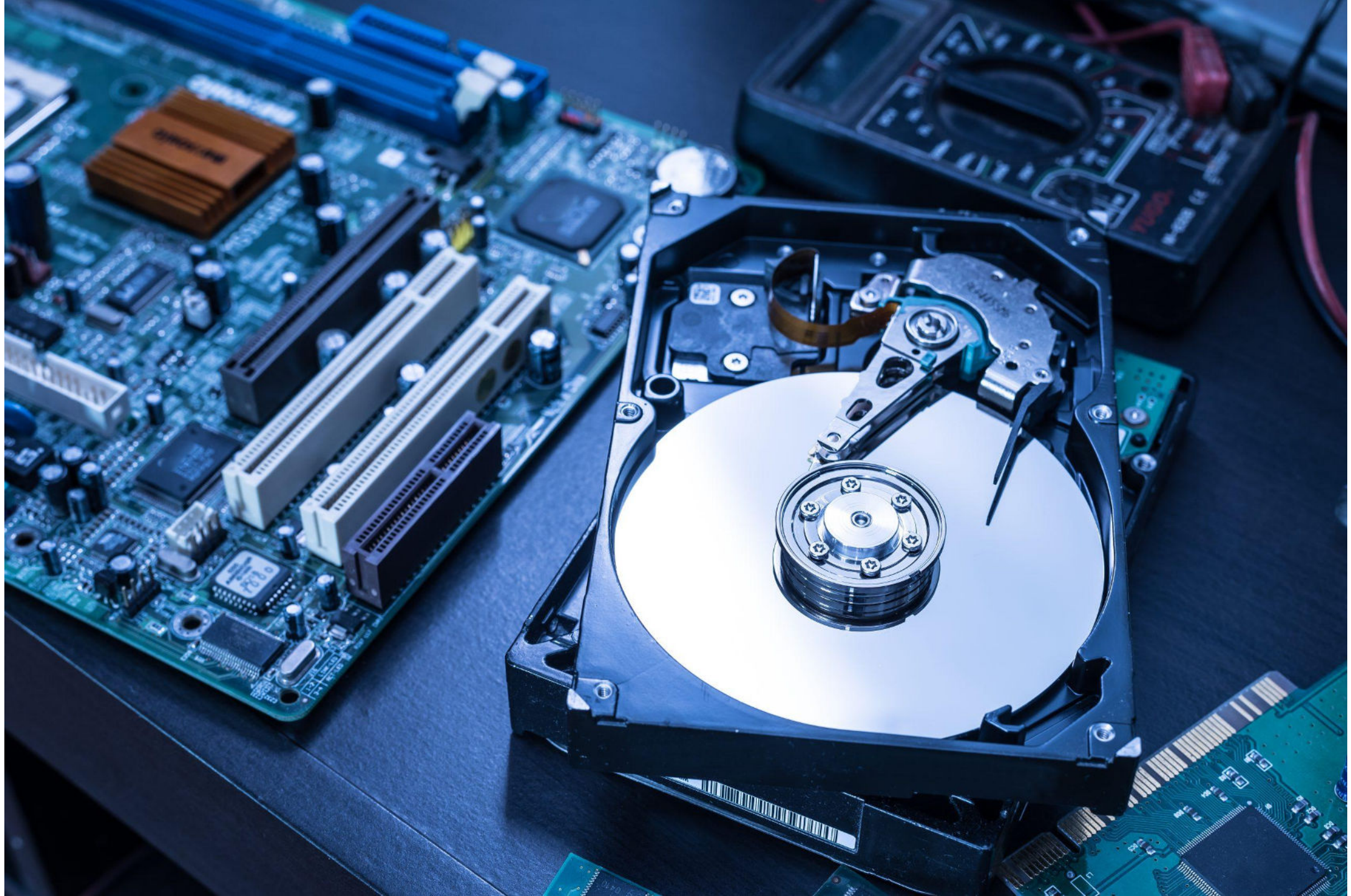
- Verminderd cognitief functioneren
- Interne inconsistenties
- Klachten niet beter te verklaren door andere somatische of psychiatrische stoornis
- Klachten veroorzaken significant lijden of verminderd functioneren op sociaal, professioneel of ander gebied

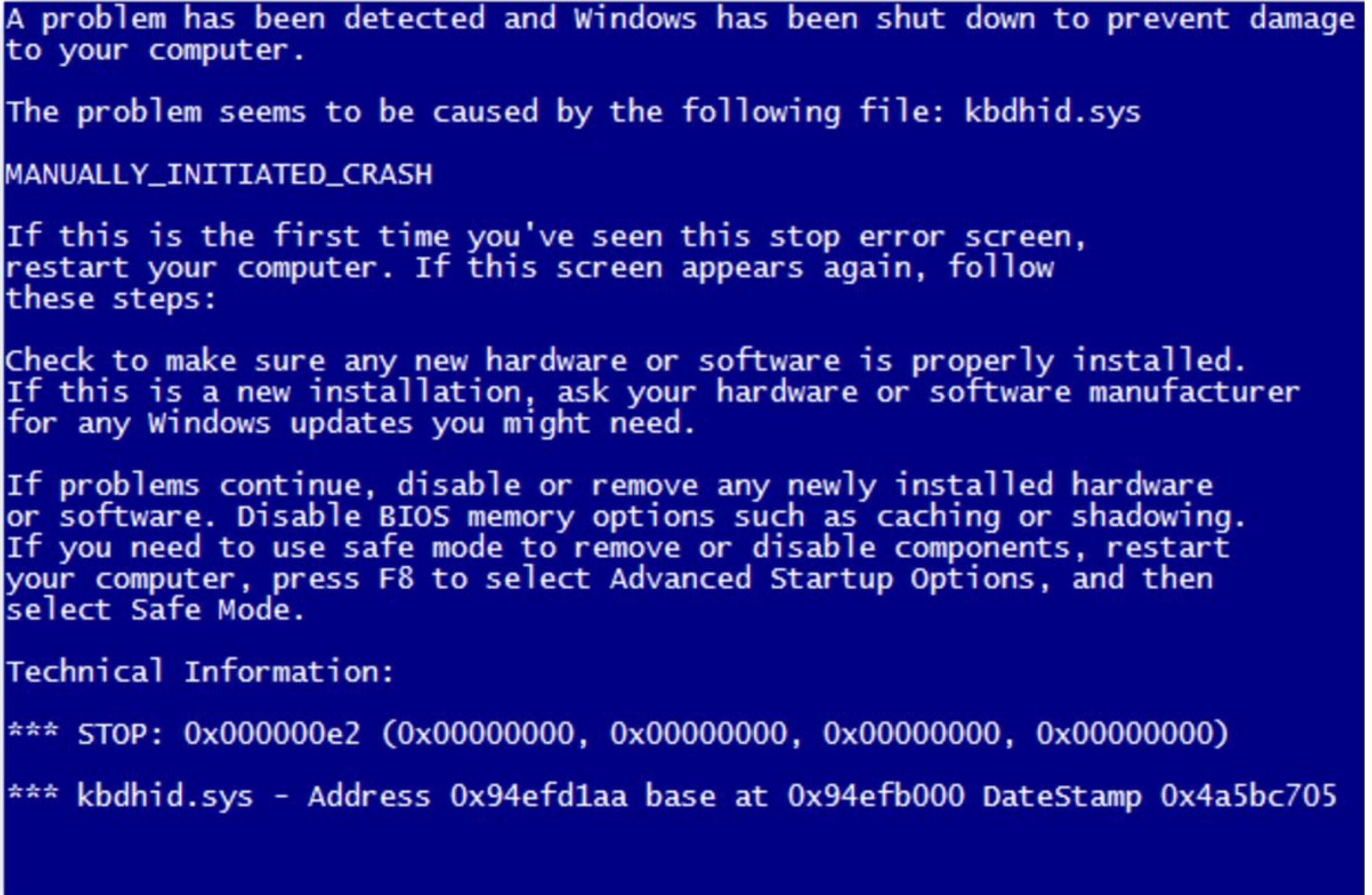
Ziektemechanisme

- Onbewuste processen worden bewust en gaan haperen door overmatige aandacht

- Perfectionisme geheugen en slechte metacognitie
  - Hypervigilantie op missers
  - Catastrofale misinterpretaties van normale missers
  - Misgaan door ‘teveel’ je best doen


Memory perfectionism
Catastrophic interpretations
Precipitant(s)
• Head or brain injury
• Illness
• Medical procedure
• Medication change
• Information about risk
• Evaluative situation
Subjective cognitive concern
Hyperarousal
Dissociation
Rumination
Effort control
Cognitive failures
Risk factors for cognitive failures
• Comorbid psychiatric disorders
• Comorbid medical disorders
• Medication side effects
• Bodily pain
• Daily stressors
• Allostatic load
• Normal aging
Avoidance
Hypervigilance




A problem has been detected and Windows has been shut down to prevent damage
to your computer.
The problem seems to be caused by the following file: kbdhid.sys
MANUALLY_INITIATED_CRASH
If this is the first time you've seen this stop error screen,
restart your computer. If this screen appears again, follow
these steps:
Check to make sure any new hardware or software is properly installed.
If this is a new installation, ask your hardware or software manufacturer
for any Windows updates you might need.
If problems continue, disable or remove any newly installed hardware
or software. Disable BIOS memory options such as caching or shadowing.
If you need to use safe mode to remove or disable components, restart
your computer, press F8 to select Advanced Startup Options, and then
select Safe Mode.
Technical Information:
*** STOP: 0x000000e2 (0x00000000, 0x00000000, 0x00000000, 0x00000000)
*** kbdhid.sys - Address 0x94efd1aa base at 0x94efb000 DateStamp 0x4a5bc705

Wat maakt het beste onderscheid?

A. MoCA score
B. HADS score
C. Score op prestatievaliditeitstaak
D. De tijd die een patiënt gebruikt in antwoord op de vraag: ‘vertel eens over uw klachten’

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Box 1. "Tell Me about the Problems You have been Having?"

Participants without FCD reference diagnoses:

"I don't know. I have a bad memory. I always check with [my husband]" (*77-year-old woman*)

"My daughter says I don't remember her shifts. Other than that, my memory's fine."

(*79-year-old woman*)

Participants with FCD reference diagnoses:

"It's forgetfulness. For example, I forgot the name of the doctor I saw in clinic—Dr [X]—I had to check his name. It is frustrating. I will watch a film and think 'who is that actor?' For example, I was watching a film called 'Pimpernel Smith' and I couldn't remember the actor in it—it's Lesley Howard of course! I can remember things from 40-50 years ago or even 4-5 years ago. Sometimes I struggle with finding words. The other day I went out to meet a pal—I took my jacket off and thought I had lost my wallet—but I had just put it on the side."

(*74-year-old man*)

"I wonder around the house trying to remember what I'm looking for. I'm bad on names, even with people I know well. I have difficulty calculating in recipes, for example to make a recipe for 4 for 8 people. And yesterday my son asked where the nearest ATM and I couldn't remember but it came back to me later. Things often come back later on. I went to collect the Christmas tree at Christmas time and when I reached a fork in the road I couldn't visualise which way to go…"

(*80-year-old woman*)

	FCS	Neurodegeneratie
Interactie	Komt alleen	Komt samen
Spraak en taal	Gedetailleerde beschrijving klachten Kan veel voorbeelden geven	Korte antwoorden Weinig detail
Type klachten	Aandacht gerelateerde klachten; gaten in geheugen terwijl verder normaal functioneren	Ontkent klachten of bagatelliseert
Heteroanamnese	Minder zorgen dan patiënt; bvb nadruk op angst/pijn en niet op cognitie	Meer zorgen dan patiënt, noemt zaken die patiënt misschien niet herkent.
Cognitief onderzoek	Normaal of afwijkend, laatste mn bij stress/spanning tijdens testen. Makkelijker opgeven, veel zelfevaluatie tijdens testen	Minder vaak spanning tijdens testen, profiel passend bij neurodegeneratieve aandoening
Prestatievaliditeit	Kan zowel normaal als afwijkend zijn	Kan zowel normaal als afwijkend zijn

	Sensitiviteit	Specificiteit
Hoger opleidingsniveau	77	48
Psychiatrische aandoening in voorgeschiedenis	30	86
Klachten van verstoorde slaap	79	45
Alleen op de polikliniek komen	46	95
Afwezigheid van head-turning sign	97	61
Meenemen van georganiseerde lijst met symptomen	7	98

Cabreira et al. 2023: Clinical signs in functional cognitive disorders: a systematic review and diagnostic meta-analysis

FCS versus SCD

Worried well/SCD	FCS
Klachten passend bij leeftijd	Excessieve klachten
Geen interferentie door klachten	Wel interferentie door klachten
Niet afwijkend NPO	Geen of milde afwijkingen NPO

- Malingering/ nagebootste stoornis: bewust
- Functionele cognitieve stoornis: onbewust

Review > Nat Rev Neurol. 2023 Apr;19(4):246-256. doi: 10.1038/s41582-022-00765-z.

Epub 2023 Feb 16.

Why functional neurological disorder is not feigning or malingering

Mark J Edwards [1], Mahinda Yogarajah [2 3 4], Jon Stone [5]

Affiliations + expand

PMID: 36797425 DOI: 10.1038/s41582-022-00765-z

BMJ Neurol Open. 2025 Feb 27;7(1):e000918. doi: 10.1136/bmjno-2024-000918. eCollection 2025.

Development of a diagnostic checklist to identify functional cognitive disorder versus other neurocognitive disorders

Verónica Cabreira [1], Jane Alty [2], Sonja Antic [3], Rui Araujo [4 5], Selma Aybek [6], Harriet A Ball [7], Gaston Baslet [8 9], Rohan Bhome [10 11], Jan Coebergh [12], Bruno Dubois [13 14], Mark Edwards [15], Sasa R Filipovic [16], Kristian Steen Frederiksen [17 18], Thomas Harbo [3], Bradleigh Hayhow [19 20], Robert Howard [21], Jonathan Huntley [21 22], Jeremy Darryl Isaacs [23], Curt LaFrance [24 25], Andrew Larner [26], Francesco Di Lorenzo [27], James Main [28], Elizabeth Mallam [29], Camillo Marra [30], João Massano [4 5], Emer R McGrath [31], Isabel Portela Moreira [32], Flavio Nobili [33], Suvankar Pal [34 35], Catherine M Pennington [1 35], Miguel Tábuas-Pereira [36 37], David Perez [38], Stoyan Popkirov [39], Dane Rayment [40], Martin Rossor [41], Mirella Russo [42], Isabel Santana [36 43], Jonathan Schott [44], Emmi P Scott [45], Ricardo Taipa [46], Tiago Teodoro [47], Michele Tinazzi [48], Svetlana Tomic [49], Sofia Toniolo [50], Caroline Winther Tørring [3], Tim Wilkinson [1], Martin Zeidler [51], Lisbeth Frostholm [52 53], Laura McWhirter [1], Jon Stone [1], Alan Carson [1]

1. I s there a discrepancy between the level of symptoms reported and everyday functioning? [*]

2. Is the patient able to detail specific examples of memory complaints?

3. Are the cognitive symptoms distractible and/or fluctuating (eg, variable in different situations)?

4. Is the patient able to detail the list of prescribed drugs and/or recall previous interactions with other doctors (eg, prior diagnoses and investigations)?

5. *Is there a history of a non-cognitive functional neurological disorder and/or functional somatic disorders (pain, fatigue...)?*

6. Is the patient more aware of the cognitive changes than others (consider if the patient was self-referred and/or attended alone)? [†]

7. Is the cognitive performance normal or does it show an inconsistent pattern (eg, worse on immediate recall than delayed recall, stronger performance repeating digits backward compared with digits forward, approximate answers)? [†]

8. Are the memory symptoms stable or improved over time? [†]

9. Is the patient able to date the symptom onset with precision?

10. Is there an obvious psychological stressor?

11. Is the patient able to answer compound/double-barrelled questions?

Meest voorkomende comorbiditeit bij FCS?

A. Posttraumatische stressstoornis (PTSS)
B. Persoonlijkheidsstoornis
C. Depressie
D. Dementie

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D. Dementie

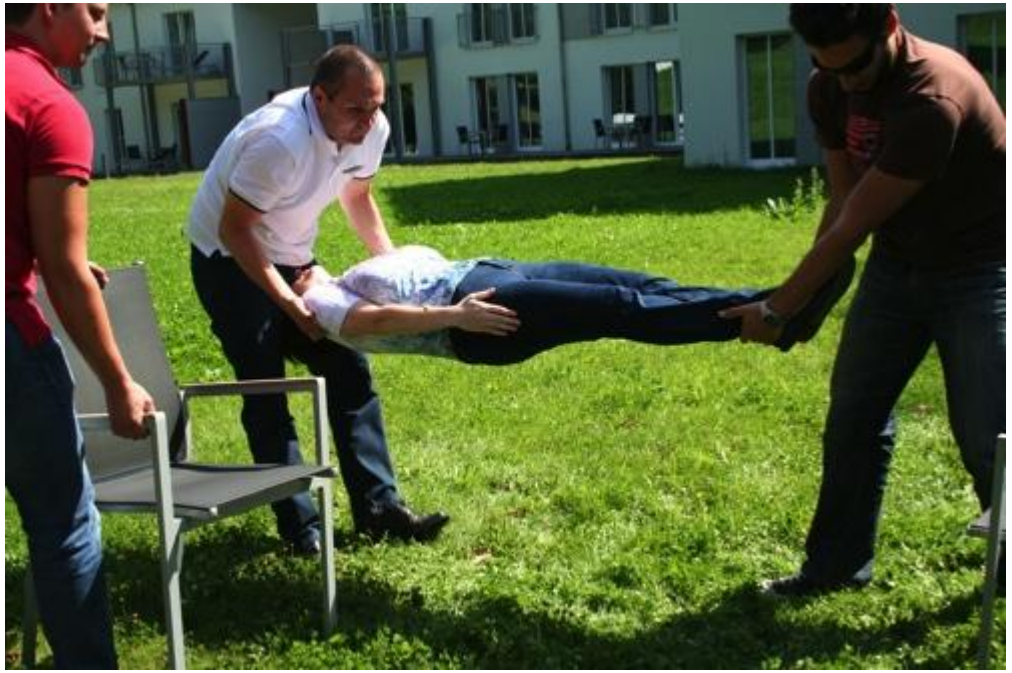
Comorbiditeit

- Angst, depressie, slaapstoornissen, moeheid, pijn (samen rond de 50%)
- Deels overlappende symptomen (negatieve gedachten, slechtere globale metacognitie)
- Cave: angst/ stemming als prodroom van neurodegeneratie
- Andere FNS

Behandeling FCS

- Klachtgerichte behandeling
- Persoonsgerichte behandeling
- Soms: behandeling andere FNS-klachten

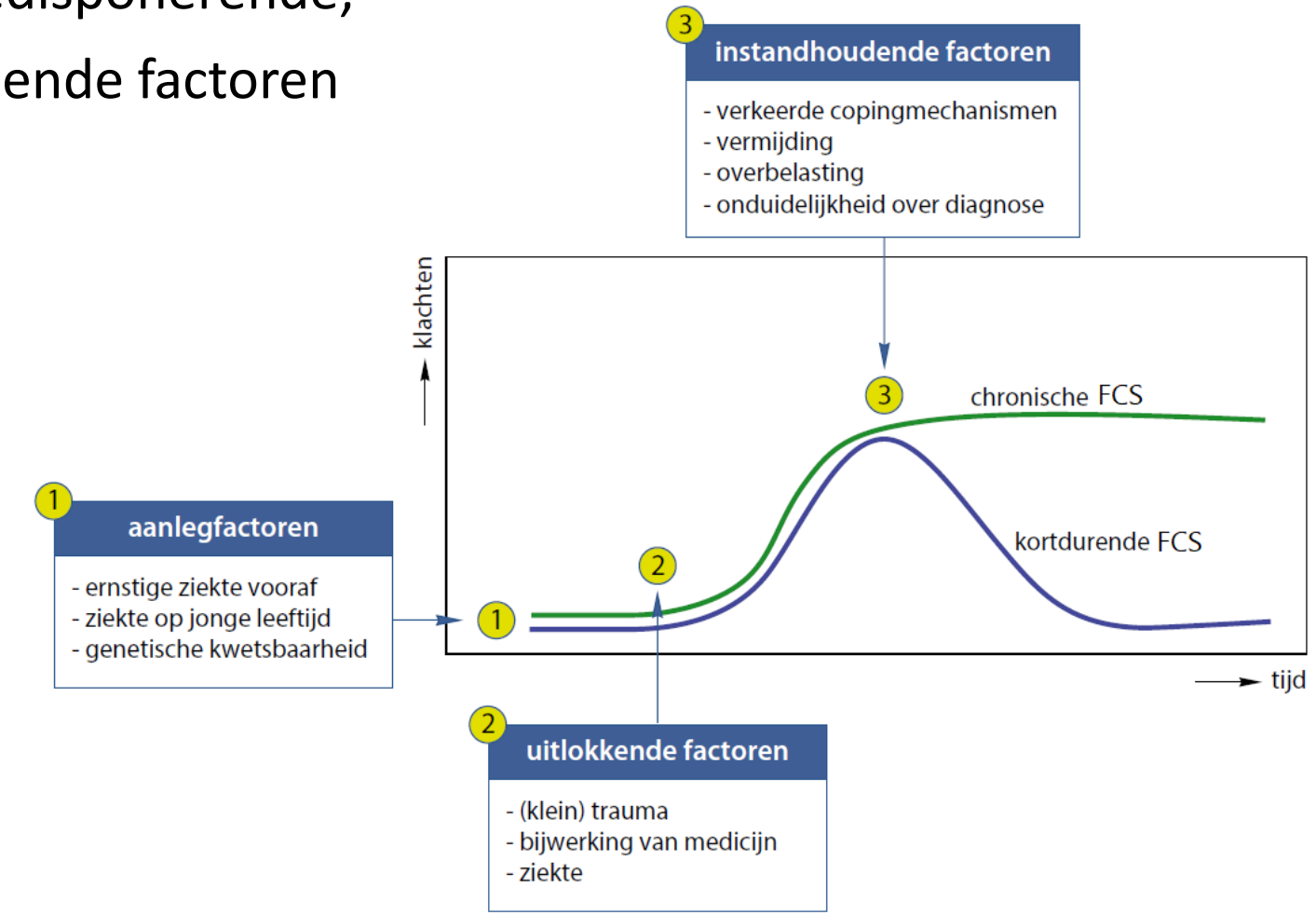
Klachtgerichte behandeling



Persoonsgerichte behandeling

- Identificatie en behandeling predisponerende,
  luxerende en instandhoudende factoren

- Biopsychosociaal model



Functional cognitive disorders: clinical presentations and treatment approaches

Laura McWhirter, Alan Carson

1. Communicate the diagnosis (cite examples of internal inconsistency)
2. Explanation to contextualise symptoms
3. Identify and manage attentional problems
4. Manage exacerbating factors/comorbidities (Sleep disorders, medications, affective disorders, dissociation, seizures…)
5. Examine and adjust counterproductive thoughts and behaviours

'COGNIPHOBIA'
AVOIDANCE
SAFETY STRATEGIES

"I can't do this"
"I will never get better"

NEGATIVE UNHELPFUL THOUGHTS AND DEFENSIVE ACTIONS ④

MEMORY LAPSES AND CONCENTRATION PROBLEMS ①

Attention deviated from the tasks

NEGATIVE EMOTIONS

Anxiety
Depression
Frustration
Self-blame

③

SELF-MONITORING

Noticing symptoms more frequently

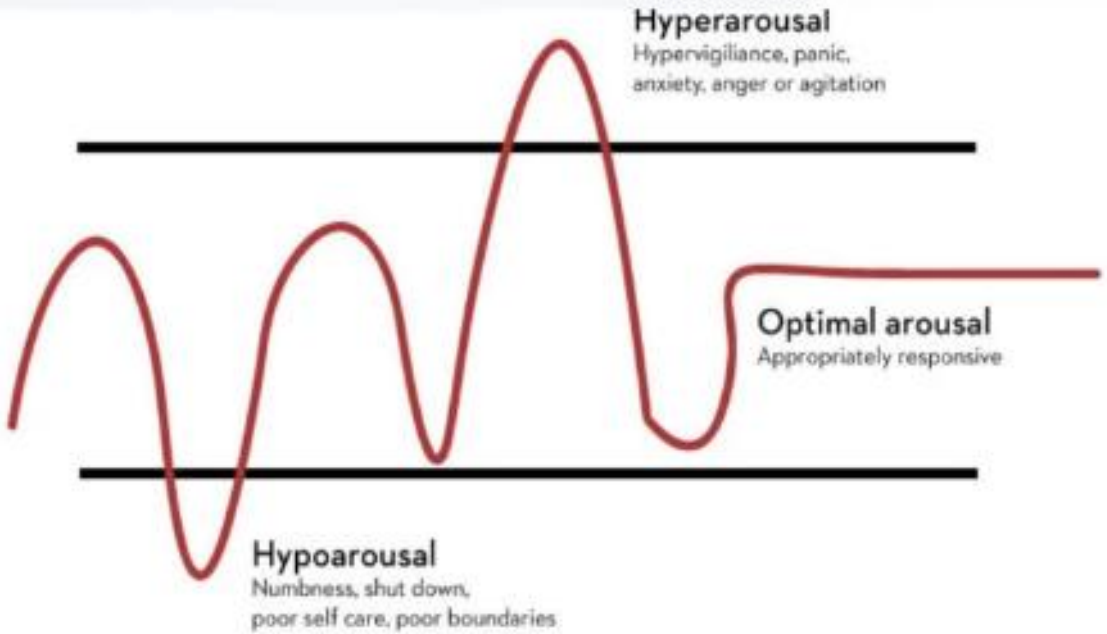
②

PERCEPTION OF GLOBAL FAILURE

PERFORMANCE ANXIETY
ANTICIPATION OF FAILURES

Cabreira V, *under review*

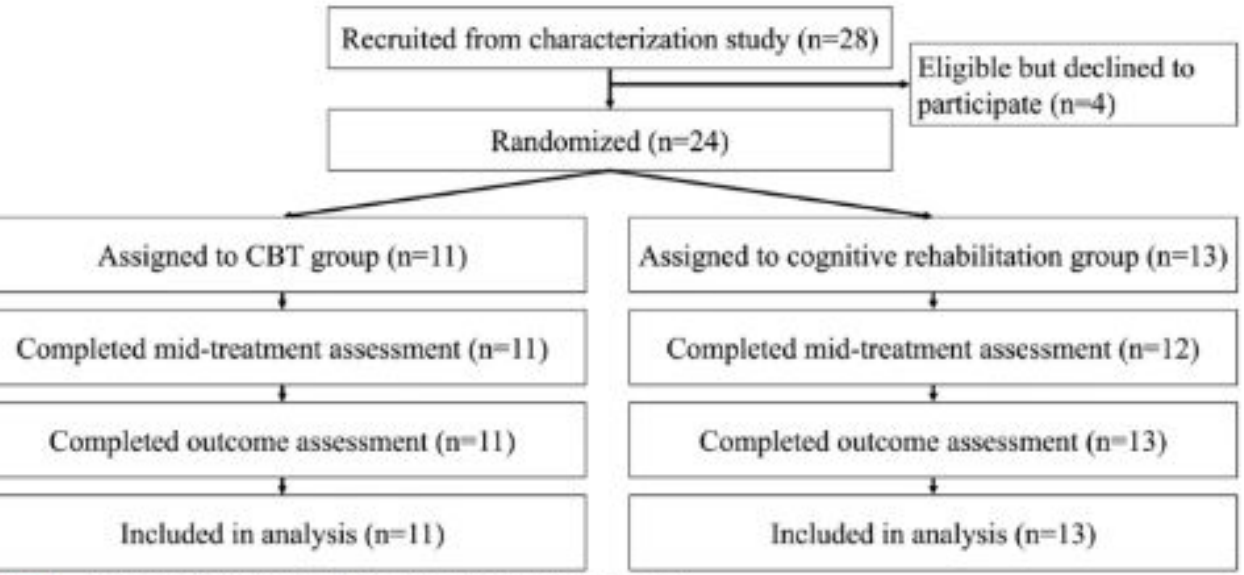
Do not miss ‘boom and bust’



BMJ Neurology Open

Pilot feasibility randomised controlled trial of cognitive–behavioural therapy for functional cognitive disorder after concussion

Mathilde Rioux ,[1] Rinni Mamman,[2,3] Miles T Byworth,[4,5] William J Panenka,[4,5] Andrew K Howard,[4,5] David L Perez,[6,7] Julia Schmidt,[3,8] Caitlin Courchesne,[9] Joelle LeMoult,[1] Manraj KS Heran,[10,11] Noah D Silverberg[1,3]



gure 1 Participant flow diagram. CBT, cognitive–behavioural therapy.

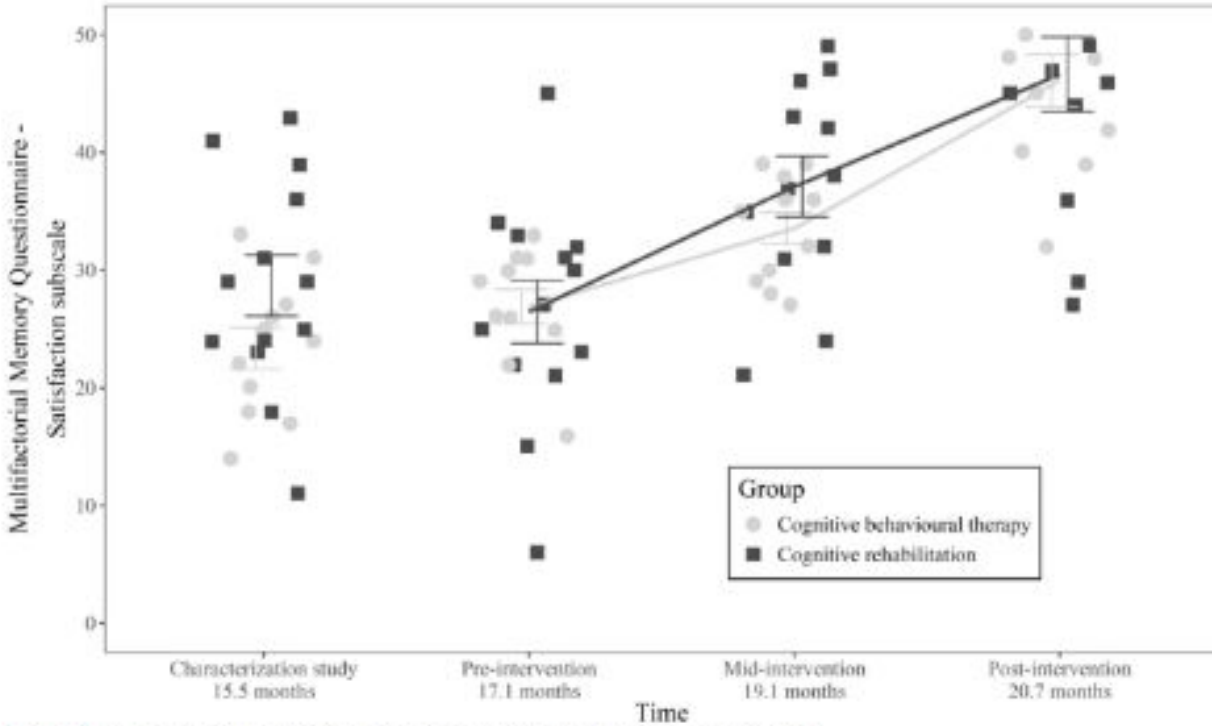


Figure 2 Multifaceted Memory Questionnaire-Satisfaction subscale scores by group.

Persoonsgerichte behandeling

- Stapsgewijs: ergotherapeut, logopedist, psycholoog/ psychiater

- Psychologische/ psychiatrische behandeling:
  - Poli's psychosomatiek van GGZ-instellingen en psychiatrische afdelingen van ziekenhuizen
  - ETz Tilburg
  - Revalis Nijmegen
  - Juliana-Oord GGz Centraal
  - UMCU (voor verdere diagnostiek en doorverwijzing behandeling in eigen regio)

Take to work message

- FCS komt (waarschijnlijk) veel voor
  - Juist vaak ook comorbide met andere neurologische of psychiatrische aandoeningen
- Het is geen simulatie
- Benoem de diagnose aan patiënt
- Gebruik biopsychosociaal model in verdere behandeling