

INSELSPITAL
UNIVERSITÄTSSPITAL BERN
HÔPITAL UNIVERSITAIRE DE BERN
BERN UNIVERSITY HOSPITAL



**Körper-Psyche-Interaktionen:
das biopsychosoziale Modell**

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FNSNF
SWISS NATIONAL SCIENCE FOUNDATION

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DSM-5 (2013) Conversion Disorder (Functional Neurological Symptom Disorder)

Diagnostic Criteria

- A. One or more symptoms of altered voluntary motor or sensory function.
- B. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical conditions.

C. The symptom or deficit is not better explained by another medical or mental disorder.
D. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.

Coding note: The ICD-9-CM code for conversion disorder is **300.11**, which is assigned regardless of the symptom type. The ICD-10-CM code depends on the symptom type (see below).

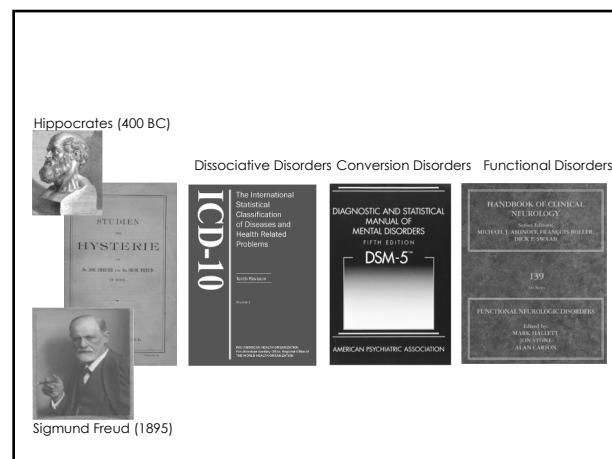
Specify symptom type:

- (F44.4) With weakness or paralysis
- (F44.4) With abnormal movement (e.g., tremor, dystonic movement, myoclonus, gait disorder)
- (F44.4) With swallowing symptoms
- (F44.4) With speech symptom (e.g., dysphonia, slurred speech)
- (F44.5) With attacks or seizures
- (F44.6) With anesthesia or sensory loss
- (F44.6) With special sensory symptom (e.g., visual, olfactory, or hearing disturbance)
- (F44.7) With mixed symptoms

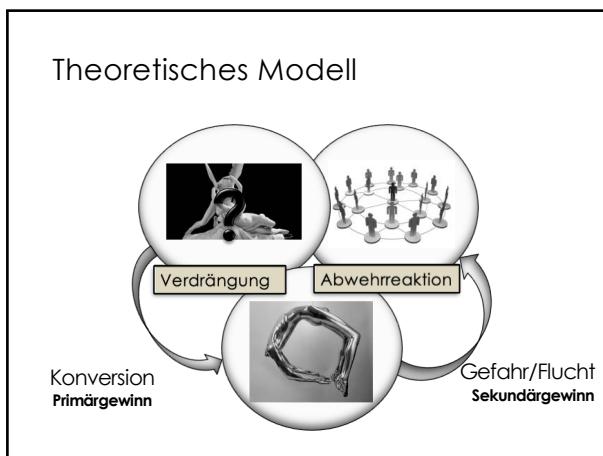
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dissoziativ
KONVERSION
hysterisch
funktionell
psychogen
psychosomatisch

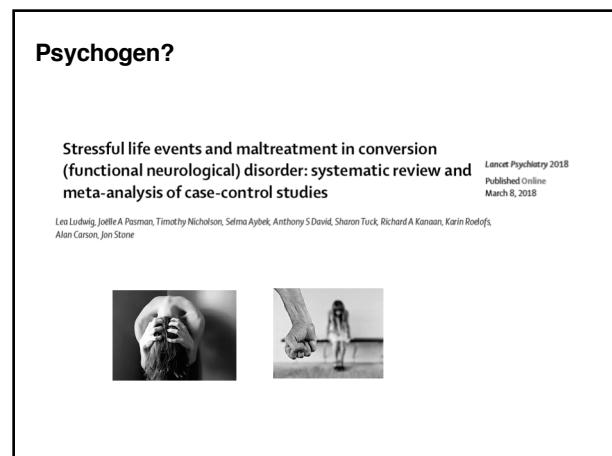
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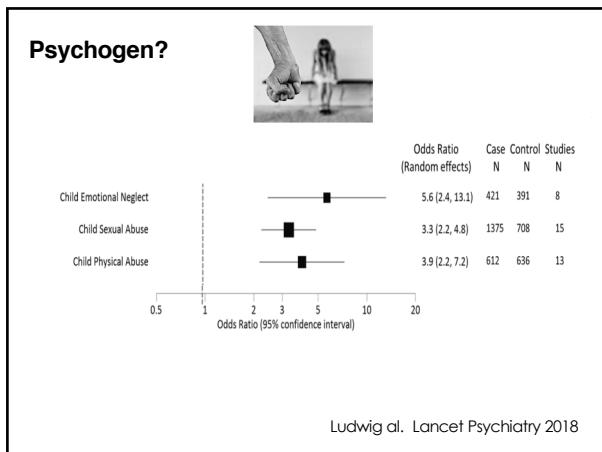
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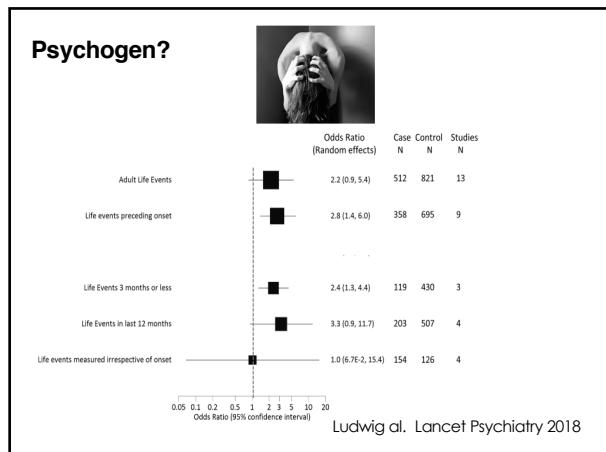
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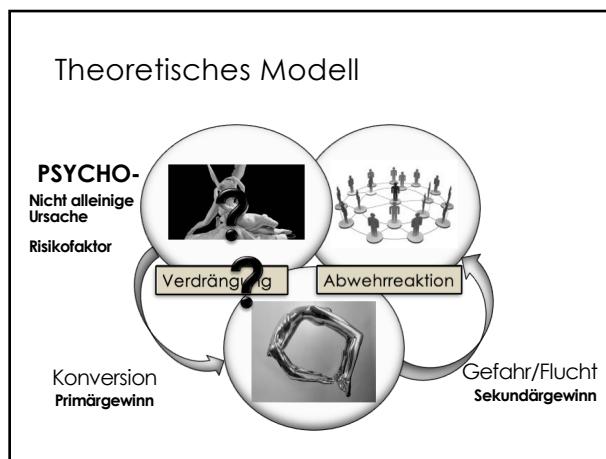


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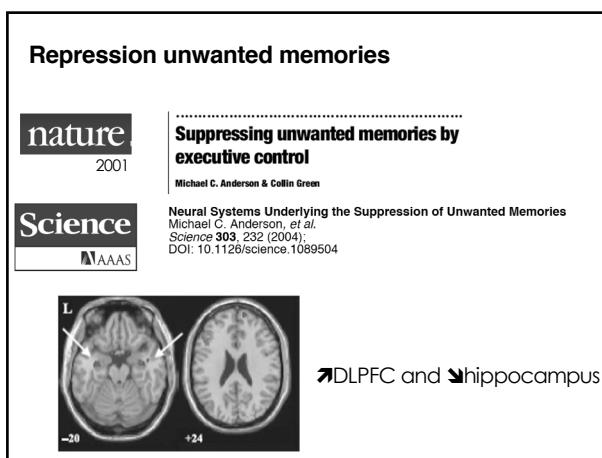
Table 3: Proportion of cases with no exposure to specific stressors when compared with controls

	Cases	Healthy controls	Neurological disorder or psychiatric disorder controls
No severe life event (assessed by interview)			
Baker and colleagues (2012)*	26%	96%	78%
Houze and colleagues (1988)*	22%	75%	-
Nicholson and colleagues (2015)*	10%	36%	25%
No stressful life events or maltreatment (assessed by clinical interview)			
Arnold and colleagues (1995)*	14%	-	67%
Krakowka and colleagues (2003)	25%	88%	-
Selvaggi and colleagues (2012)*	51%	75%	-
No stressful life events or maltreatment (rate of no exposure described only in cases)			
Reilly and colleagues (1999)*	68%	-	-
Roeks and colleagues (2002)*	15%	-	-
No exposure to maltreatment (including emotional neglect)			
Kirk and colleagues (1999)*	56%	-	75%
Malkoff and colleagues (2002)*	70%	-	83%
No exposure to physical or sexual abuse			
Alper and colleagues (1993)*	60%	91%	-
Dikel and colleagues (2003)*	60%	-	50%
Tojek and colleagues (2000)*	50%	-	67%

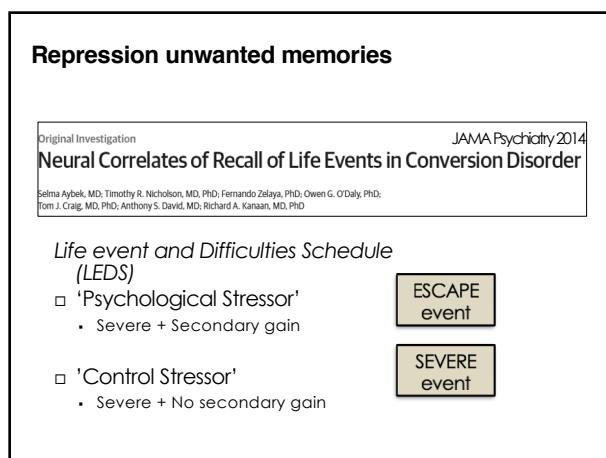
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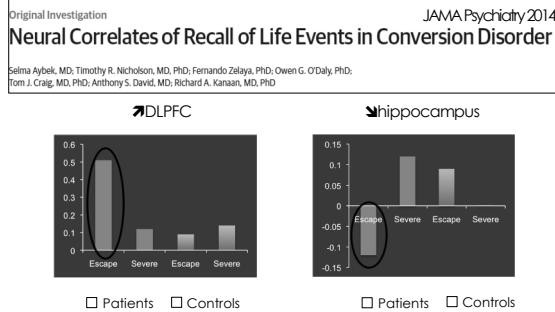


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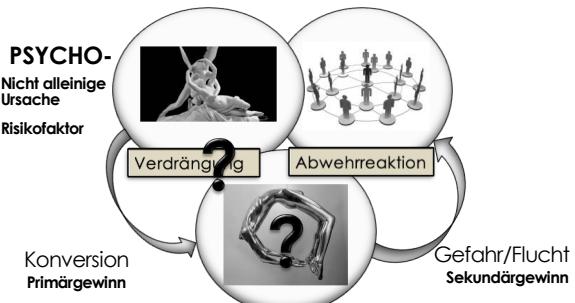
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Repression unwanted memories

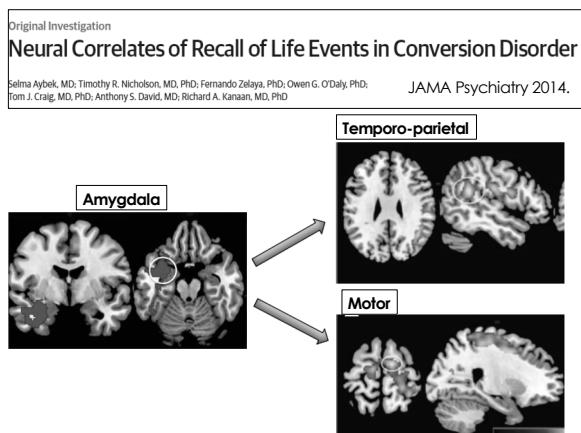


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Theoretisches Modell



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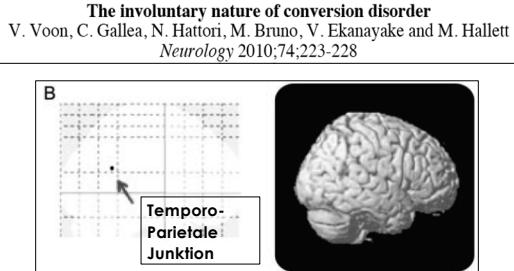
Invited review
Volitional control of movement: The physiology of free will ☆
Mark Hallett*

Human Motor Control Section, National Institute of Neurological Disorders and Stroke, NIH,
Building 10, Room 5N226, 10 Center Dr MSC 1428, Bethesda, MD 20892-1428, USA

Clin Neurophys 2007

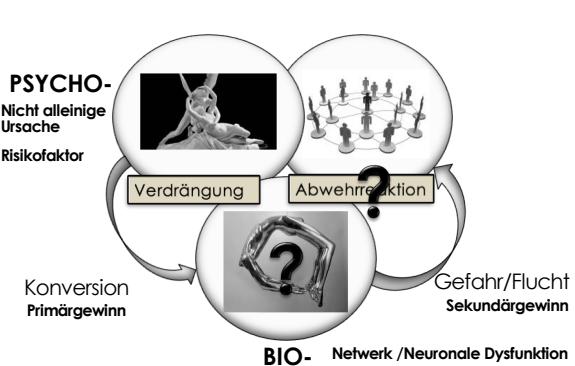
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Sense of agency



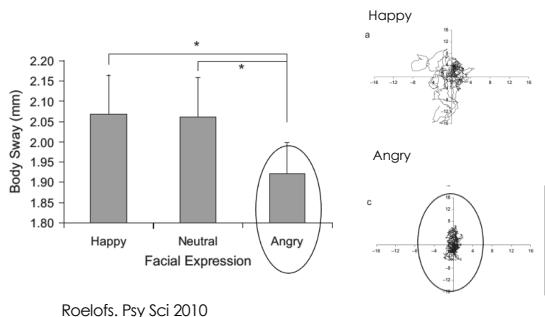
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Theoretisches Modell



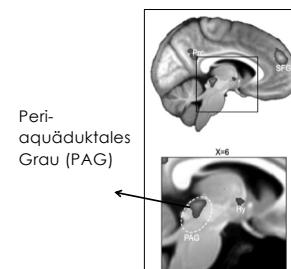
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Freeze Response in Menschen



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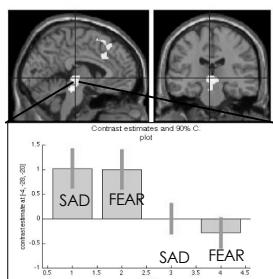
Freeze Response in Menschen



Hermans. Neuroimage 2013

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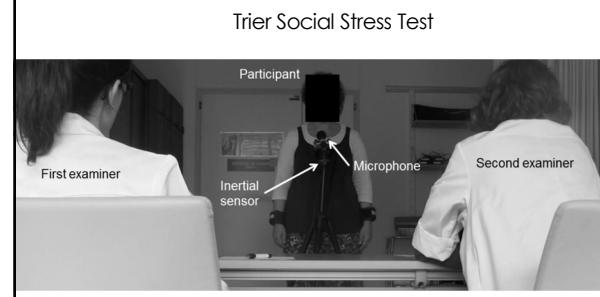
Freeze und Funktionelle Störungen



Aybek et al. In PlosOne 2015

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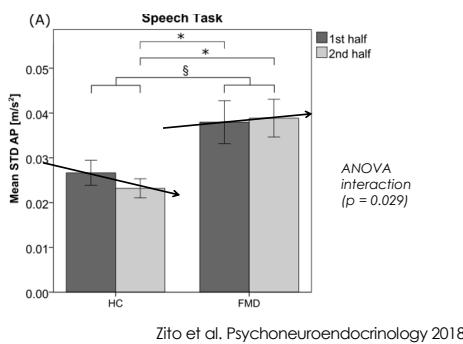
Freeze Response bei Patienten



Zito et al. Psychoneuroendocrinology 2018

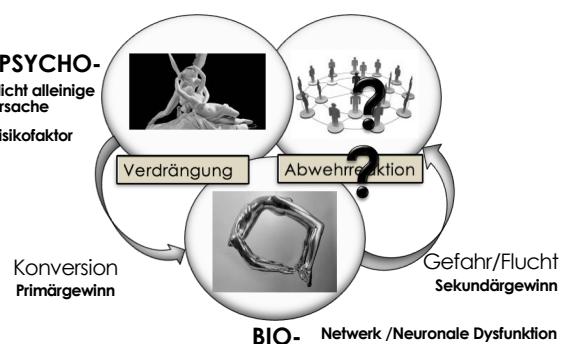
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Freeze Response bei Patienten



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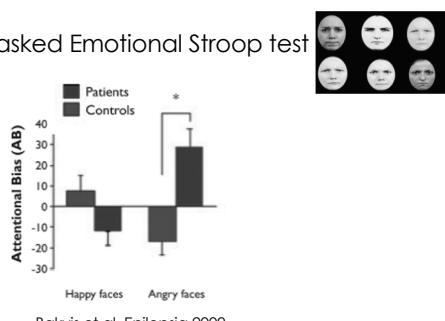
Theoretisches Modell



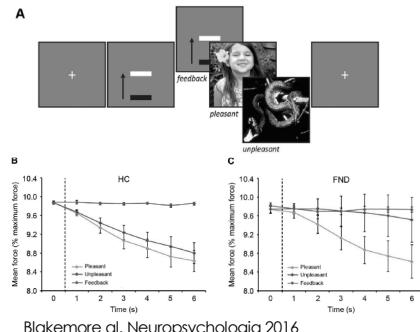
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Motor response to Threat

■ Masked Emotional Stroop test



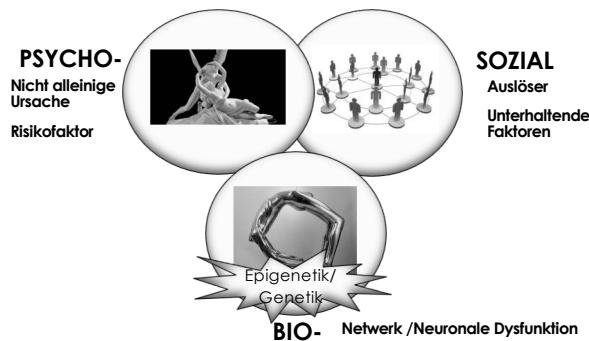
Motor response to Threat



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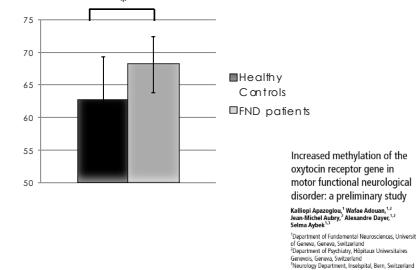
Theoretisches Modell



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Zukunft: Forschung

■ Methylierung von Oxytocin-Rezeptoren(%)



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Zukunft: Forschung

Movement disorders



ORIGINAL RESEARCH

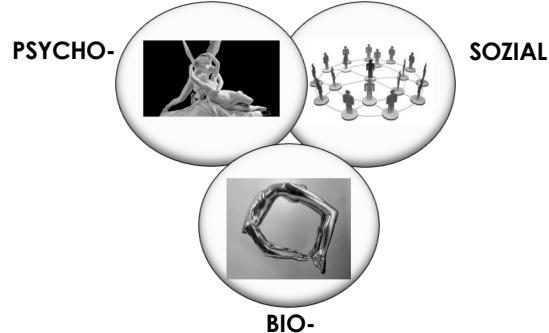
Effects of *TPH2* gene variation and childhood trauma on the clinical and circuit-level phenotype of functional movement disorders

Primavera A Spagnolo ¹, Gina Norato ², Carine W Maurer, ³ David Goldman, ⁴ Colin Hodgkinson, ⁴ Silvina Horovitz, ¹ Mark Hallett ¹

JNNP 2020

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Therapie



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Therapie

- 1 Neurologie/Medizin**
- 2 Physiotherapie**
- 3 Psychotherapie**

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Therapie**Psychotherapie**

PSYCHO-



SOZIAL

Physiotherapie

BIO- Neurologie/Medizin

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Therapie: Interdisziplinär

▪ Stationär

ORIGINAL COMMUNICATION

Multidisciplinary treatment for functional neurological symptoms: a prospective study

Benedetta Demurtini · Ambra Bada · Panayota Petroulou · Linda Fisher · Mark J. Edwards · Eileen Joyce

J Neurol 2014

▪ Ambulant

Efficacy of brief interdisciplinary psychotherapeutic intervention for motor conversion disorder and nonepileptic attacks[☆]

M. Hubschmid^a, S. Aybek, MD^b, G.E. Maccaferri, MD^a, O. Chocron^a, M.M. Gholumrezaee,
A.O. Rossetti, MD^b, F. Vingerhoets, MD^b, A. Berney, MD^{a,*}

Gen Hosp Psy 2015

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Unser Intensives ProgramEröffnung 03.05.2021:
4 neue Betten !!

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