

Abstract

The theoretical part of this dissertation presents a current view of functional (psychogenic) movement disorders (FMD) in the current International Classification of Diseases (ICD-10) referred to as dissociative (conversion) motor disorders, which has undergone significant development in the last two decades. It is a heterogeneous group of diseases with a tendency of becoming chronic diseases, which, in addition to motor symptoms, are manifested by a number of comorbid non-motor symptoms (fatigue, pain, anxiety, depression, cognitive difficulties, etc.). Despite the potential reversibility, these disorders still have an unfavorable prognosis and are associated with a low quality of life. Based on our current understanding, abnormalities of attentional processes are among the central phenomena of the development and maintenance of FMD. So far, only a minimum of studies has focused on attentional processes in the context of complex cognitive performance with contradictory findings.

The dissertation had two goals. The first of the presented studies focused on the impact of subjectively assessed non-motor symptoms including subjective cognitive complaints and objectively assessed motor symptoms on the quality of life. The aim of the second study was to examine the cognitive profile of patients with FMD including the evaluation of the performance validity, which is relevant in this context.

The results of presented studies proposed that non-motor symptoms have a major impact on the quality of life of patients with FMD. Main predictors of the quality of life were cognitive complaints, anxiety, pain and depression, and not the severity or duration of motor symptoms. The cognitive profile of patients with FMD was characterized primarily by impaired attention, including processing speed, and intra-individual variability. These results were present in the context of valid test performance and were independent of depressive symptoms.

Assessment of subjective non-motor symptoms as well as objective assessment of cognitive functioning should be a part of the clinical practice of assessment and designing treatment accordingly in FMD patients. The clinical and research implications of these results are presented in the discussion.

Key words: functional movement disorders, cognitive functions, attention, quality of life, non-motor symptoms