

Personality profiles in patients with functional motor disorders

*Cuoco Sofia*¹, R. Bisogno¹, R. Tedesco², V. Nisticò^{2,3}, C. Civilotti⁴, O. Gambini^{2,3,5}, P. Barone¹, B. Demartini^{2,3,5}, R. Erro¹

¹Neuroscience Section, Department of Medicine, Surgery and Dentistry “Scuola Medica Salernitana”, University of Salerno, Salerno, Italy

²Dipartimento di Scienze della Salute, University of Milan, Milan, Italy

³Aldo Ravelli' Research Center for Neurotechnology and Experimental Brain Therapeutics, University of Milan, Milan, Italy

⁴Department of Psychology, Università di Torino, Turin, Italy

⁵Unità di Psichiatria II, Presidio San Paolo, ASST Santi Paolo e Carlo, Milan, Italy

Introduction: Although psychological issues are not diagnostic of functional neurological disorders (FND), they have been often reported to occur in some patients with FND, especially those with functional epilepsy [1-2-3].

We used the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to explore personality profiles in patients with functional motor disorder (FMD) and compare them to sex-, age- and education-matched healthy controls (HC).

Methods: We conducted Mann-Whitney test, to analyze the differences between 30 FMD and 16 HC on 10 clinical scales and 15 content scales of the MMPI-2. We conducted a factory analysis (FA) to explore whether specific factors within the clinical scales of the MMPI-2 could cluster in FMD.

Results: FMD patients presented significant higher score than HC in the clinical scales: Hypochondriasis, Depression, Hysteria, Psychopathic Deviate, Paranoia, Psychasthenia and Schizophrenia ($p < 0.01$). FMD patients presented highest score than HC in the content scales: Anxiety, Obsessiveness, Depression, Family-Problems and difficulties at work ($p < 0.01$).

In FMD sample, more than 50% of patients exceeded the proposed cut-off at the clinical scales for Hypochondriasis, Depression, Hysteria, Paranoia and about 45% of them exceed the cut-off at the content scales for Anxiety and Health-Concerns.

Using the clinical scales only, we identified three factors using the FA in FMD. The first factor, explaining 40.77% of the total variance, was composed by Depression, Psychopathic-Deviate, Paranoia, Psychasthenia, Schizophrenia and Social-Introversion and named “emotional-relational factor”. The second one, named “psychosomatic factor”, was composed by Hypochondriasis and Hysteria and explained 23.45% of the total variance. The third factor, named “reduced-initiative factor”, was composed by Masculinity/Femininity and Hypomania and explained 14.70% of the total variance.

Conclusions: Patients with FMD show a strong tendency to somatization, depression, anxiety and interpersonal sensitivity. Personality profiles of these patients is mainly composed by three factors, with the emotional-relational factor seemingly being more influential than the psychosomatic one.

References:

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