

## Supplementary File 3: RCTs in FND – study design details

Study	Arms	Design	Symptoms / sample (n)	Timepoints
<b>Demartini 2019a (Italy)</b>	1. Transcranial direct current stimulation (tDCS) 2. Sham tDCS	Crossover	Motor (11R, 9C)	Pre- / post-treatment
<b>Dreissen 2019 (Netherlands)</b>	1. Botulinum toxin 2. Placebo	Parallel	Movement (49R, 48C)	Baseline 4 m End treatment (5 m)
<b>Taib 2019 (France)</b>	1. rTMS 2. Sham rTMS	Parallel	Movement (18R, 17C)	1, 2, 6, 12 m
<b>Tolchin 2019 (US)</b>	1. Motivational interviewing + psychotherapy 2. Psychotherapy only	Parallel	Seizures (60R, 55C)	Baseline 16 w
<b>Vizcarra 2019 (US)</b>	1. Botulinum toxin 2. Placebo	Parallel	Movement (14R, 10C)	Baseline 12 w
<b>Ghanbarizadeh 2018 (Iran)</b>	1. Quetiapine (50mg) 2. Haloperidol (5mg)	Parallel	Any (144R)	30 minutes 24 hours
<b>Jafari 2018 (Iran)</b>	1. Midazolam (2.5mg) 2. Haloperidol (2.5mg)	Parallel	Any (140R, 140C)	24 hours 1 w
<b>Baird 2017 (US)</b>	1. CBT-ip 2. Sertraline 3. 1+2	Parallel	Seizures (38R, 34C)	Baseline, start treatment 8, 16 wk
<b>Garcin 2017 (France)</b>	1. TMS 2. RMS	Crossover	Movement (33R, 33C)	Baseline 2, 3 d 3, 6, 12 m

## Supplementary File 3: RCTs in FND – study design details (continued)

Study	Arms	Design	Symptoms / sample (n)	Timepoints
<b>Pleizier 2017 (Netherlands)</b>	1. Dx plus neurology 2. Dx plus GP	Parallel	Any (200R, 195C)	Baseline 3, 6, 12 m
<b>Dalocchio 2016 (Italy)</b>	1. CBT 2. CBT & APA	Parallel	Movement (29R, 21C)	Baseline 12 wk (End treatment)
<b>Drane 2016 (US)</b>	1. TAU 2. Scripted Dx plus psych consultation 3. Scripted Dx plus ongoing psychiatric input	Parallel	Seizures (39R, 37C)	Baseline 8 wk
<b>McWhirter 2016 (UK)</b>	1. TMS 2. TAU	Crossover	Paralysis (10R, 8C)	Baseline Post treatment, 3m
<b>Nielsen 2017b (UK)</b>	1. Inpatient physiotherapy 2. TAU	Parallel	Motor (60R, 57C)	Baseline 4 wk, 6m
<b>Broersma 2015 (Netherlands)</b>	1. TMS 2. Sham TMS	Crossover	Paralysis (12R, 8C)	1 d (Start treatment) 10 d (End treatment)
<b>Hubschmid 2015 (Switzerland)</b>	1. Brief psychotherapy (MDT) 2. TAU	Parallel	Seizures / Motor (23R, 21C)	Baseline 2, 6, 12 m
<b>Chen 2014 (US)</b>	1. Brief group psychoeducation 2. TAU	Parallel	Seizures (64R, 41C)	Baseline 3, 6 m
<b>Kompoliti 2014 (US)</b>	1. Psychodynamic psychotherapy 2. TAU (3 m)	Crossover	Movement (23R, 15C)	Baseline 3, 6 m
<b>LaFrance 2014 (US)</b>	1. CBT-ip 2. Sertraline 3. 1+2 4. TAU	Parallel	Seizures (38R, 34ITT)	Baseline 2, 8 wk End treatment (16 wk)
<b>Jordbru 2013 (Norway)</b>	1. Inpatient physical activity+CBT 2. Wait list	Crossover	Gait (60R, 40C)	Baseline, start / end treatment

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Study	Arms	Design	Symptoms / sample (n)	Timepoints
<b>Thompson 2013 (US)</b>	1. Brief educational intervention 2. TAU	Parallel	Seizures (25R, 19C)	Baseline 6-8 wk 1, 12 m
<b>Sharpe 2011 (UK)</b>	1. Guided Self-help & TAU 2. TAU	Parallel	Any (127R, 125C)	Baseline 3, 6 m
<b>Goldstein 2010 (UK)</b>	1. CBT & TAU 2. TAU	Parallel	Seizures (66R, 59C, 64ITT)	Baseline End treatment (4m) 6 m
<b>LaFrance 2010 (US)</b>	1. Sertraline 2. Placebo	Parallel	Seizures (38 R, 26 C, 33 ITT)	Baseline, fortnightly End treatment (12 wk)
<b>Oto 2010 (UK)</b>	Withdrawal of AEDs 1. Immediate 2. Delayed (9 m)	Crossover	Seizures (25 R, 24 C, 25 ITT)	Baseline 9, 18 m
<b>Mousavi 2008 (Iran)</b>	1. Muscle relaxation 2. Suggestion 3. Hypnosis 4. Diazepam (intravenous)	Parallel	Any (except seizures) (80)	Baseline 1 m

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Study	Arms	Design	Symptoms / sample (n)	Timepoints
<b>Khattak 2006 (Pakistan)</b>	1. Behavioural intervention & TAU 2. TAU	Parallel	Seizures (100R, 90C)	Baseline End treatment 1, 2, 3, 4 wk
<b>Ataoglu 2003 (Turkey)</b>	1. Paradoxical intention 2. Diazepam	Parallel	Seizures (30R, 30C)	Baseline End treatment (3 wk) 6 wk
<b>Moene 2002 (Netherlands)</b>	1. Inpatient (MDT) & hypnosis 2. Inpatient (MDT)	Crossover	Motor Seizures (motor) (45R, 45C)	Baseline 1 m (mid treatment) 2 m (end treatment) 8 m
<b>Moene 2003 (Netherlands)</b>	1. Hypnosis 2. Wait list	Crossover	Motor Seizures (motor) (49R, 44C)	Baseline 3 m (end treatment) 9 m (Hypnosis arm only)
<b>Rampello 1996 (Italy)</b>	1. Haloperidol 2. Sulpiride	Parallel	Any (18R)	Baseline 1, 2, 3, 4 m

## Supplementary File 3: RCTs in FND – study design details (continued)

<b>PLANNED</b>	<b>Arms</b>	<b>Design</b>	<b>Symptoms (n)</b>	<b>Timepoints</b>
<b>/ IN PROGRESS / UNPUBLISHED</b>				
<b>Bullock (US)</b>	1. Embodied VR therapy 2. VR game	Parallel	Any (30)	Baseline 1-6 w 6, 9, 12 m
<b>Goldstein 2015 (UK)</b>	1. CBT + TAU 2. TAU	Parallel	Seizures (298)	Baseline 6, 12 m
<b>Davis-Fobian (US)</b>	1. CBT 2. Supportive therapy	Parallel	Seizures (50)	Baseline 4 m
<b>Hingray (France)</b>	1. Telephone follow-up 2. TAU	Parallel	Seizures (13)	6, 12, 18, 24 m
<b>Koning-Tijssen (b) (Netherlands)</b>	1. Internet-based self-help 2. TAU	Parallel	Motor (200)	Baseline 3, 6 m
<b>Chastan (France)</b>	1. rTMS 2. Sham rTMS	Parallel	Paralysis (94)	Baseline 2, 60 d

<b>Nielsen 2019 (UK)</b>	1. Specialist physiotherapy	Parallel	Motor (264)	Baseline
	2. TAU			6, 12 m
<b>Nicholson (UK)</b>	1. TMS supra-motor threshold	Parallel	Paralysis (60)	Baseline
	2. TMS sub-motor threshold			1, 2, 3 m
<b>Schommer (US)</b>	1. Group telephone therapy for depression	Waitlist	Seizures (20)	Baseline
	2. Waitlist (3 m)			6 m

**Arms:** AEDs=anti-epileptic drugs; APA=adjunctive physical activity; CBT=cognitive behavioural therapy; CBT-ip=CBT informed psychotherapy; Dx=diagnosis; GP=general practitioner; MDT=multidisciplinary team; RMS=root magnetic stimulation; r-TMS=repertive TMS; t-DCS=transcranial direct current stimulation; TAU=treatment as usual; TMS=transcranial magnetic stimulation; VR=virtual reality

**Blind:** A=assessor; D=deliverer; P=participant

**Sample:** C=complete cases; ITT=intention to treat analysis; R=randomised;

**Timepoints:** d=day; m=month; wk=week; yr=year