

Table 2: Characteristics and outcomes of the included studies concerning factors predicting prognosis.

Author, year	Study design	Population	Characteristics	Assessed outcome	Follow-up period	Independent variables tested	Results
Weber, 2024 <i>Switzerland</i>	Prospective cohort study	People with an FND diagnosis according to DSM-5 criteria	n=53 Age (mean, SD) 38.1 (14.5) years Sex (% female): 72 Duration of illness (mean, SD) 56.8 (60.5) months Psychotropic medication intake (% yes) 62.3%	Objective clinical outcome, assessed with the Functional Movement Disorder Rating Scale (S-FMDRS), Clinical global impression (CGI) scores for severity (CGI-S) and improvement (CGI-I) and the short-form health survey (SF-36).	8 months	*Cortisol Awakening Response (CAR) *Cortisol Amplitude (CAmp) *Duration of symptoms *Age *Sex *Beck's Depression Inventory (BDI) score *State-Trait-Anxiety Inventory (STAI-S) score *Total Childhood Trauma Questionnaire (CTQ) score	Objective clinical outcome at follow-up (8 months) was significantly predicted by CAmp at baseline ($\beta = 1.14$, 95%CI 0.15 to 2.13, $p = 0.03$), with a lower CAmp at baseline predicting lower symptom severity (S-FMDRS) at follow-up. None of the other measures nor any of the covariates individually at baseline significantly predicted clinical outcome at follow-up.
Behm, 2021 <i>Germany</i>	Prospective cohort study	People with SSD diagnosis according to DSM-5 criteria	n=58 Age (mean, SD) 41.8 (14.2) years Sex (% female): 70	SSD persistence	4 years	*Somatic symptom burden (SSS-8) *Associated psychological symptoms (SSD-12) *Depression (PHQ-8) *Anxiety (GAD-7) *Health care utilization in the last six months *Psychotherapy since baseline	Significant predictors for persistence were a high psychological burden through somatic symptoms (OR: 1.13, 95%CI 1.02 to 1.26) and general anxiety (OR: 1.38, 95%CI 1.01 to 1.88) at baseline.
McKenzie, 2010 <i>Australia</i>	Prospective cohort study	People with a diagnosis of somatoform disorder according to DSM-IV criteria	n=83 NR	Persistence of somatoform disorder	3 months	*Age *Sex *Education *Karnofsky rating of physical functioning *Past psychiatric history *Family psychiatric history	A greater number of years of education (OR: 1.41, 95%CI 1.14 to 1.74, $p = 0.001$), a higher acceptance-resignation score (MCMQ) (OR: 1.31, 95%CI 1.04 to 1.64, $p = 0.02$), and a higher general hypochondriasis score (IBQ) (OR: 1.34, 95%CI 1.02 to

						<ul style="list-style-type: none"> *Baseline global assessment of functioning (GAF) *General hypochondriasis *Denial and disease conviction (IBQ) *Coping mechanisms *Avoidance and acceptance-resignation (MCMQ) *Number of close friendships 	1.76, $p = 0.036$) significantly predicted persistence of somatoform spectrum disorders.
Gambini, 2014 <i>Italy</i>	Retrospective observational study	Diagnosis of PNES	<p>N = 27</p> <p>Age (mean, SD) 43.9 (12.1) years</p> <p>Sex (% female): 78</p>	Percentage of improvement in seizure frequency	Mean 21 months, SD 12.1	<ul style="list-style-type: none"> * Gender * Education * Economic status * Time between onset and diagnosis * Comorbidity with epilepsy * Psychiatric history * Mental retardation * Psychological / psychiatric therapy * Presence of stressful and traumatic events * Seizure induction 	A diagnosis made after the induction of PNESs by suggestion predicted a better outcome ($p = 0.000$, $\chi^2 = 4.654$).
Greenevald, 2021 <i>Germany</i>	Prospective cohort study	Diagnosis of PNES	<p>N = 85</p> <p>Age (mean) 34.0</p> <p>Sex (% female): 73</p>	Number of seizures	24 months	<ul style="list-style-type: none"> * Age * Gender * Economic status * Marital status * Comorbidity with epilepsy * Duration of symptoms * Number of mental health consultations * Depression (MADRS) * Anxiety (HAM-A) 	Dissociation tendency (DES) was positively correlated with an increased number of seizures over time (10.5, CI [4.01–16.99], $p < 0.002$). A diagnosis of PTSD at baseline was correlated to a decrease in the number of seizures (201.524, CI [382.10–20.95], $p < 0.029$).

						<ul style="list-style-type: none"> * Dissociative tendency (DES) * Alexithymia (TAS), * Diagnosis of PTSD * Traumatic life experiences (CAPS-4, CTQ) 	
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Abbreviations: CAPS-4 = Clinician Administered PTSD Scale; CI = confidence interval; CTQ = Childhood Trauma Questionnaire; DES = Dissociative Experiences Scale; DSM = diagnostic and statistical manual of mental disorders; FND = functional neurological disorder; GAD-7 = general anxiety disorder; HAM-A= Hamilton Anxiety Rating Scale; IBQ = illness behavior questionnaire; MADRS = Montgomery-Åsberg Depression Rating Scale; MCMQ = medical coping modes questionnaire; NR = not reported; OR = odds ratio; PHQ-8 = patient health questionnaire; PNES = psychogenic non-epileptic seizures; SD = standard deviation; S-FMDRS = Functional Movement Disorder Rating Scale; SSD = somatic symptom disorder; SSD-12 = Somatic Symptom Disorder - B criteria scale; TAS = Toronto Alexithymia Scale.