

PATIENTS & CARERS

FND, fatigue and pacing

Fatigue with FND is often more than “being tired”. Cognitive load, pain, seizures, sleep disruption and nervous-system effort can all drain capacity. This sheet explains pacing in everyday language.

What people often notice

- Crash after a busy day or social event (delayed payback)
- Brain fog when multitasking or under fluorescent lights/noise
- Needing longer recovery after appointments or travel
- Looking “OK” while feeling exhausted inside

Boom-and-bust vs pacing

Boom-and-bust

- Push hard on a good day
- Crash for days after
- Guilt → push harder again
- Unpredictable for work/school

Pacing idea

- Steady, planned activity
- Breaks before the crash
- Stop while you still have a little left
- Adjust plans on flare days without shame

Practical starting points

Pick 1–2 priorities per day. Schedule rest like an appointment. Reduce unnecessary decisions. Protect sleep. Tell one trusted person your pacing plan so they can support it rather than push past it.

- Ask your clinical team for an individual activity plan; do not force fixed increases through worsening symptoms
- Track what triggers crashes for a week — patterns help appointments

Safety first

Call 999 for a suspected stroke, first seizure, severe breathing difficulty or other medical emergency. For urgent concerns that are not an emergency, contact NHS 111 where available or your local urgent-care service. Do not assume new or different symptoms are FND.

Continue overleaf for practical next steps, a personal plan and sources →

FATIGUE & PACING · NEXT STEPS

Count thinking and social activity too

A phone call, a busy waiting room or an emotionally demanding conversation may take energy even without much movement. Try noting activity and recovery briefly over several days. Use this to identify a manageable pattern, not as a target to beat or a reason to feel guilty.

Make a flexible starting plan

Break one task into smaller parts and leave room for recovery. Alternate demands where helpful, and review the effect before changing several things at once. Discuss persistent fatigue with your clinician: sleep problems, medicines or other conditions may need attention alongside FND.

When activity causes delayed worsening

Tell your clinician if small amounts of activity repeatedly cause a substantial, delayed deterioration. Do not assume every crash is simply deconditioning. If ME/CFS is present or suspected, seek an appropriate assessment; NICE advises against programmes with fixed increases in activity for people with ME/CFS. Any rehabilitation plan should respond to your circumstances.

My next steps — discuss with your care team

One activity I can break into smaller steps

What I notice during recovery and want to discuss

Sources and further reading

- Neurosymptoms: fatigue
www.neurosymptoms.org/en_GB/symptoms/common-associated-symptoms/fatigue/
- NICE NG206: ME/CFS energy management
www.nice.org.uk/guidance/ng206/chapter/recommendations

More practical help: [Symptom Library](#) · [Start here](#) · [Living with FND](#)