

PATIENTS, FAMILY & CLINICS

FND myths and facts

Misunderstandings about FND still cause harm. Share this sheet when someone needs a quick, calm correction.

Core facts

FND is a recognised neurological condition involving disordered nervous-system function. Symptoms are involuntary. People are not choosing them. Improvement is possible for many with the right plan — and support matters even while waiting.

Myth vs fact

Myth

- “Normal MRI means nothing is wrong”
- “It’s just anxiety”
- “If they can do it once, they can always do it”
- “Kids/teens don’t get FND”
- “Talking about symptoms makes FND worse so stay silent”

Fact

- Function can be impaired with normal structure on scans
- Anxiety can co-exist; it is not the whole explanation
- Fluctuation is a hallmark — capacity changes
- Young people can and do experience FND
- Clear, calm education usually reduces fear

What to say instead

- “Your symptoms are real.”
- “FND is about how the nervous system is working.”
- “We will make a plan for safety and rehab.”
- “Good hours don’t erase hard days.”

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 →

MYTHS & FACTS · NEXT STEPS

‘It must be stress’ is not a complete explanation

Stress can affect health, but it is not a required explanation for every person’s FND. Physical illness, injury and many other factors may be relevant. A clinician should explain the diagnosis using the person’s clinical findings, not assumptions about personality, trauma or how calmly they appear.

Treatment is not proof that symptoms are imaginary

Physiotherapy, occupational therapy and psychological approaches address different needs. Being offered psychological support does not mean symptoms are invented. Ask what a proposed treatment aims to change and how benefit will be assessed. People deserve practical support whether they recover quickly, gradually or continue to have disability.

Use facts without taking over

Ask whether the person wants help explaining FND. Offer one reliable resource rather than an argument or a stream of advice. Avoid interpreting a brief improvement as evidence that they can always repeat it. The most useful response may be a practical change, such as extra time, a seat or a quieter conversation.

My next steps — discuss with your care team

A misunderstanding I want to address

A helpful response I can share

Sources and further reading

- NHS: understanding functional neurological symptoms
www.gloshospitals.nhs.uk/your-visit/patient-information-leaflets/functional-neurological-symptoms/
- NHS: understanding an FND diagnosis
www.plymouthhospitals.nhs.uk/display-pil/pil-fnd-understanding-the-diagnosis-8013

More practical help: What is FND? · How to explain FND · For GPs hub