

PATIENTS & CARERS

What is Functional Neurological Disorder (FND)?

This sheet is for people who have been told they may have FND, and for family or friends supporting them. It is general information from FND CONNECT CIC — not a diagnosis and not a substitute for clinical care.

In plain English

Functional Neurological Disorder (FND) is a genuine neurological condition. It means there is a problem with how the nervous system is functioning — how the brain and body send, receive and process signals — even when standard scans or routine tests may look normal.

A helpful analogy some clinicians use: the “hardware” of the nervous system may look intact, but the “software” (networks and signalling) is misfiring. That does not make symptoms imaginary.

Symptoms are real

FND can include weakness, paralysis, tremor, dystonia, gait problems, sensory changes (numbness, pain, altered vision or hearing), speech or swallowing difficulties, cognitive fog, blackouts, and functional (dissociative) seizures.

Symptoms often fluctuate. A better hour or “good day” does not mean unlimited capacity. Effort, stress, sleep loss, heat, illness and sensory load can all influence how symptoms show up.

Common myths — and the facts

Myths

- “It’s all in your head” / attention-seeking
- “Scans are normal so nothing is wrong”
- “You could stop this if you tried harder”
- “FND only happens to anxious people”

Facts

- Symptoms are involuntary and real
- Normal imaging does not rule FND out
- Many people improve with the right rehab plan
- FND can affect anyone; mental health can co-exist but is not the whole story

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 →

WHAT IS FND? · NEXT STEPS

What often helps

- A clear, respectful explanation that FND is real and that a plan exists
- Multi-disciplinary rehab when available: physiotherapy, OT, psychology, speech therapy as needed
- Pacing (steady activity, not boom-and-bust), sleep, and reducing threat/fear around symptoms
- Work, school and home adjustments; peer support; tracking patterns for appointments

How is the diagnosis made?

FND should be explained using the clinical features that support it, not simply because a scan is normal. Ask your clinician which examination findings or episode features led to the diagnosis. FND can occur alongside another neurological or medical condition; new symptoms still need appropriate assessment.

Make treatment relevant to your life

Choose a goal that matters to you, such as making breakfast, attending a lesson or managing a short trip. Ask which professional can help with that goal and how progress will be assessed. Different symptoms may need different approaches; improvement is not a test of effort or character.

Questions to take away

What is confirmed and what is still being investigated? Who will explain the treatment options? Who should I contact while waiting? Ask for the answers in a letter you can revisit. Share this leaflet with someone you trust, if you want their support.

My next steps — discuss with your care team

The symptom or daily task I most want help with

My next appointment or contact

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: [Start here](#) · [Symptom Library](#) · [More leaflets](#)