UNDERSTANDING YOUR DIAGNOSIS

Functional Neurological Disorder

Also called Functional Neurological Symptom Disorder (Conversion Disorder)

Your symptoms are real and not under your control. This is a problem with how your brain sends signals, and it can get better.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About as common as MS	Usually ages 20 to 40	Yes - many people improve	1 in 6 neurology visits

What this is

- Your symptoms are real. The weakness, the shaking, the blackouts truly happen. You are not faking, and this is not all in your head.
- Doctors find this by testing for it, not by ruling everything else out. There are positive signs a neurologist can show you on the spot.
- The wiring is fine, but the signal is not getting through. Nothing in your nervous system is damaged, so nothing has to stay broken.
- Because this is a problem with how your body works and not with its structure, it can change. Many people improve with the right care.

What it can look and feel like

- An arm or leg feels weak, heavy, or switched off, and it sometimes works better when you are not watching it.
- Shaking or jerking that comes and goes, and often quiets down when something else pulls your attention away.
- Seizure-like episodes where you shake or go blank, but brain wave tests during them look nothing like epilepsy.
- Your walking changes. Your legs drag, buckle, or feel glued down, and it gets worse the harder you concentrate.
- Numbness, tingling, or patchy loss of feeling that does not follow the path of any single nerve in the body.
- Blurry or tunnel vision, slurred or halting speech, or trouble finding words, coming and going in waves.
- It started suddenly, often soon after an injury, an infection, surgery, anesthesia, or a panic attack.

What is happening in your brain and body

- Your brain still makes the movement happen, but the part that gives you the feeling of being in charge is not tuning in.
- Scans and nerve tests come back normal because nothing is damaged. Think of it as a software problem, not a hardware one.
- Your brain runs on predictions about your body. When a prediction gets stuck, your body follows the prediction instead of reality.
- Attention turns the volume up. Staring at a shaky hand makes it shake more, and distraction often makes it visibly better.
- The body's alarm system stays switched on. A racing heart and stress hormones can set off an episode even with no fear.

What can make it more likely

- Something often sets it off: an injury, an illness, surgery, anesthesia, a panic attack, or a very bad migraine.
- Stress or past trauma raises the chance for some people. But about a third of people have no history like that at all.
- Migraine, long-term pain, anxiety, or low mood often ride alongside, and they make symptoms easier to trigger.
- Nothing you did caused this. It is not weakness of character, and blaming yourself only makes recovery harder.

What to expect

- Getting a clear name for this early is the biggest thing that improves the odds, so ask for the diagnosis in writing.
- Many people improve, and some recover fully. Others get steadier with ups and downs, and still win back real daily function.
- Progress usually comes in steps rather than overnight, measured over **weeks to months** of retraining, not days.
- More scans rarely help once the positive signs are found, and the waiting and worry between tests tends to dig symptoms in deeper.

What helps

Treatment works. Most people get better.

Talking therapies

- **Physiotherapy** built for this is first-line for weakness and walking. You relearn automatic movement instead of forcing it.
- A session uses tricks like shifting your weight, walking backwards, or moving to a beat, so movement happens without you watching it.
- **Cognitive behavioral therapy** helps most with seizure-like episodes, with worry, and with getting back to normal life.
- **Occupational therapy** and speech therapy help with fatigue, brain fog, speech, and planning a return to work or school.
- Trauma therapy such as **EMDR** is offered when trauma is part of your story. It is not assumed to be part of everyone's.

Medicines

- No medicine treats this directly. Medicines are used for what rides alongside it: pain, migraine, low mood, or anxiety.
- **Antidepressants** such as SSRIs and SNRIs can ease anxiety, low mood, and pain, which frees you up to do the retraining work.
- If seizure medicines were started before the diagnosis, your doctor will usually taper them off. They do not help these episodes.
- Opioids and sedatives such as benzodiazepines tend to make this worse over time. Ask your team about safer choices for pain.
- Dosing is always worked out with your prescriber. Starting low and going slow is usually the kindest way in.

Everyday things that help

- Read neurosymptoms.org, written by a neurologist. Understanding how this works is genuinely part of the treatment.
- Pace yourself. Steady activity you could repeat tomorrow beats one big push followed by three days flat in bed.
- Use distraction on purpose. Music, counting, or talking while you move can let smoother movement come back on its own.
- Protect your sleep and keep a regular daily routine. Poor sleep and skipped meals both make symptoms flare up.
- Connect with others through FND Hope. Being believed by people who have lived it takes real weight off your shoulders.

Get help right away if

- New face droop, one-sided weakness, or sudden loss of speech: call 911. Never assume a brand new symptom is this.
- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- An episode with injury, trouble breathing, or one that will not stop needs emergency care right away.

Questions to ask your care team

- *Which positive signs did you find, and can you show them to me?*
- *Can you write the diagnosis down for me as functional neurological disorder?*
- *Who does this kind of physiotherapy near me, and how soon can I start?*
- *Do any of my current medicines need to be changed or stopped now?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.