

Functional symptoms

A short guide for patients and families



Information for patients

Neurology Psychotherapy Service



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What are functional symptoms?

The term functional symptoms describes physical symptoms that people have, but for which no physical cause can be found. Functional symptoms are caused by the body or brain not working properly, not by damage or disease in the nervous system. Functional symptoms are also sometimes known as medically unexplained symptoms, or non-organic symptoms. People who experience functional symptoms are sometimes diagnosed as having “somatoform disorder” or “conversion disorder”.

Are functional symptoms rare?

They are very common, making up perhaps half of the workload of most doctors.

What causes functional symptoms?

The reasons why people develop functional symptoms are complicated. They tend to happen because of problems with the handling of thoughts, memories, emotions or sensations in the brain. Such problems are sometimes related to stress. However, they can also occur in people who seem calm and relaxed.

The sort of stress that can provoke these symptoms are things over which the people have little or no control. They may relate to issues in a person’s current or recent life, such as the loss of a loved one, relationship difficulties, trauma of any kind, or the stress of caring for a relative. They are also more common in people who have experienced very distressing events in childhood, such as an early bereavement or abusive relationships.

How can I be sure that this is the right diagnosis?

It is often difficult to make a diagnosis of functional symptoms. The diagnosis may only become apparent after many years of symptoms. The symptoms often change with time. There may be times when the

symptoms are particularly severe and other times when the symptoms are quite mild, without any apparent reason. Functional symptoms can even be particularly bad when people do not feel that they are under a great deal of stress.

Why was I told that I had a physical disorder?

With any symptom it may be difficult to tell for certain without investigation whether it is caused by physical ill health or a functional disorder. People with functional symptoms are therefore often sent to several different specialists over the years, to investigate their various, often severe, symptoms. Sufferers may have had lots of investigations with little to show for it. Because doctors are anxious to avoid leaving serious physical disease untreated, many people are given medication that in retrospect is not required.

Sometimes patients with functional symptoms are told that the doctor can find nothing wrong, or told that it will get better. Sometimes the symptoms are attributed to a physical cause, such as “a virus”, or “hormones” with little evidence. Patients therefore often end up confused about the nature of their illness, and may feel that the doctors do not understand the problem, are missing a serious illness, are failing to help them or are ignoring their needs. Some patients feel that the doctors think they are wasting their time.

What about my abnormal test results?

Investigations such as blood tests often show up minor abnormalities. The interpretation of these results can only be done with knowledge of the symptoms. Sometimes the interpretation of test results turns out to be wrong in retrospect.

Which of my symptoms are likely to be functional?

Almost any symptom that can be caused by physical disease can also be caused by a functional disorder and, because of this, patients often have to have many investigations before the diagnosis is clear. Some symptoms are particularly common in patients with functional symptoms. These include fatigue (chronic fatigue syndrome or ME), pain and aching in the muscles or joints (fibromyalgia), concentration and memory problems, dizziness, headache, bowel problems (irritable bowel syndrome) and seizures similar to epilepsy. These and other symptoms should be reported to your doctor who may decide that they need investigation in their own right, as a diagnosis of functional symptoms does not, of course, prevent the development of physical illness.

If investigation shows no abnormality, it is often reasonable to assume that the symptom is part of the same functional disorder.

Are you saying it is all in my mind?

Functional symptoms are certainly generated by the brain, as are all thoughts, sensations and bodily movements. However, they are not consciously produced or “put on”. Functional symptoms are, however, extremely common – almost everyone will get a headache sometimes when they are stressed, for example. It is probable that everyone can develop more severe symptoms if sufficiently stressed. Some individuals get worse symptoms than others, and this is often because of the severity of the stresses that they have experienced during their lives. Such symptoms are therefore best considered a “normal” response to very difficult life circumstances. Patients with functional symptoms are certainly not “mentally ill” or “crazy”.

What treatment can I have?

Not everyone with functional symptoms needs or wants treatment. Some people are sufficiently relieved when they understand the nature of the symptoms to live without treatment.

The most important treatment for functional symptoms involves talking – to friends, family members, therapists and counsellors. When the symptoms are particularly disabling, treatment in the form of psychotherapy may be of benefit. This treatment involves talking through the symptoms with a psychotherapist and discussing factors that may be linked to symptoms. It may involve talking about difficult issues in the patient's life as well as learning techniques which may help the patient feel less stressed and enable them to exercise some control over the symptoms.

Some people do not feel strong enough or able to undertake such psychotherapy. No one should ever feel that they are obliged or pressured to undertake psychotherapy – rather it is a treatment that can be effective and could be done at a time in a person's life when it feels appropriate.

Psychological treatments are not a quick fix and may take time. Some people improve initially but then require further periods of psychotherapy at a later stage, especially if they have experienced very difficult times.

Dietary treatments, avoiding allergens, chemicals or toxins, hormones and food supplements are of limited value in treatment of functional symptoms.

What tablets help this condition?

Sometimes functional symptoms improve with antidepressant tablets even when the person experiencing the symptoms is not actually depressed or anxious. People are often concerned about taking

antidepressant tablets because they think they are addictive, but this is not the case. Unfortunately, antidepressants do not always work. Even if antidepressant tablets work, it can be better to combine tablet treatment with psychological treatment to ensure that symptoms do not come back in the future.

What can I do when my symptoms are particularly bad?

Many people find that their symptoms go through periods where they are so bad that they are almost intolerable. When this happens there is little a doctor or family can do other than offer support until things improve. When the symptoms are better it is important to take the opportunity to look back and discuss with friends, family, counsellor or psychotherapist what might have caused them to get so bad. This is also a good opportunity to understand the functional symptoms better.

What can I do to help myself get better?

It is important to come to terms with the diagnosis of functional symptoms. This means accepting that real symptoms can exist although tests looking for physical causes do not provide an explanation. It is difficult for people to get better if they continue to look for a physical cause once likely disorders that could explain the symptoms have been ruled out.

If you continue to have doubts about the diagnosis it is best if you discuss this with your doctors. It is often helpful to increase your level of activity gradually within your limits. This may involve setting yourself small goals (for example a 100 metre walk) and gradually building on these, accepting that there will be occasional setbacks.

If you have a functional limb weakness it may help not to think too hard about the limb when you are using it. This is similar to when you find it hard to remember a name when you think too hard, it will often pop

into your mind without any effort later. Another option with limb weakness is physiotherapy which can also help some people.

What is the outlook?

People with functional symptoms can recover fully and lead completely normal lives. On the other hand, symptoms may become persistent and very disabling, which can stop people from working and make them dependent on their friends and families or on benefits. In most people the symptoms ultimately improve, and they seem to be rare in old age.

What about my benefits?

If you have received benefits or have been unable to work because of your symptoms this should not change based on this new diagnosis. Your symptoms are real, and they may indeed be more disabling because they are functional in origin. Hopefully, the correct diagnosis and treatment will enable you to get better so that you will not need benefits in the future.

Where can I find more information?

If you have any questions about the information contained in this leaflet then ask your GP for help or talk to your consultant at your next appointment.

Our department website is written by our team as a source of information for patients, families and other health professionals.

- **www.sth.nhs.uk/neurosciences/neurology/neurology-psychotherapy-service**

The following website gives excellent information about functional neurological symptoms:

- **www.neurosymbols.org**

Another website set up as a self-help and support resource for people with functional neurological symptoms and their families can be found at:

- www.fndhope.org

A good way of thinking about functional symptoms is:

I did not bring on the symptoms myself but I can help myself to get better.



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